2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9900006400

FILED Mar 15, 2005 Secretary of State

Entity Name: DISTRICT 22 OF THE UNITED STATE POWER SQUADRONS, INC.

	rincipal Place of Business:	New Principal Place of Business:
	ACIFIC CIRCLE ORT MYERS, FL 339035050	
Current N	lailing Address:	New Mailing Address:
	ACIFIC CIRCLE ORT MYERS, FL 339035050	
FEI Number	: 65-0961649 FEI Number Applied For () FE	El Number Not Applicable () Certificate of Status Desired ()
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
4324 S. Pa	DWIN L JR ACIFIC CIRCLE ORT MYERS, FL 33903 US	
	e named entity submits this statement for the purpo e of Florida.	se of changing its registered office or registered agent, or both,
SIGNATU		
	Electronic Signature of Registered Agent	Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	D () Delete BARBER, ROBERT D 4844 WOOD POINTE WAY SARASOTA, FL 342333526	Title: () Change () Addition Name: Address: City-St-Zip:
Title:	T () Delete	
Name: Address: City-St-Zip:	ALLEN, EDWIN L JR 4324 S. PACIFIC CIRCLE FT. MYERS, FL 339035050	Title: () Change () Addition Name: Address: City-St-Zip:
Address: City-St-Zip: Title: Name: Address:	ALLEN, EDWIN L JR 4324 S. PACIFIC CIRCLE	Name: Address:
Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	ALLEN, EDWIN L JR 4324 S. PACIFIC CIRCLE FT. MYERS, FL 339035050 D () Delete KOVALCIN, MICHAEL J 1325 HIDDEN HARBOR WAY	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
Address:	ALLEN, EDWIN L JR 4324 S. PACIFIC CIRCLE FT. MYERS, FL 339035050 D () Delete KOVALCIN, MICHAEL J 1325 HIDDEN HARBOR WAY SARASOTA, FL 342421430 D () Delete KING, CLARK 4053 CAPE COLE BLVD	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: D (X) Change () Addition Name: HOLCOMB, RICHARD A Address: 3903 VERSAILLES DRIVE

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWIN L ALLEN JR TREA 03/15/2005