


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90063 019 ****61.25

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|--|--|--|---|--|--|
| DOCUMENT # N99000006400 1. Entity Name DISTRICT 22 OF THE UNITED STATE POWER SQUADRONS, INC. | | | |  | |
| Principal Place of Business 4324 S. PACIFIC CIRCLE NORTH FORT MYERS FL 33903-5050 <i>1454 Southbay Drive</i> | | | Mailing Address 4324 S. PACIFIC CIRCLE NORTH FORT MYERS FL 33903-5050 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address <i>1454 Southbay Drive</i> Suite, Apt. #, etc. | | | |
| City & State <i>Osprey, FL</i> | | City & State <i>Osprey, FL</i> | | 4. FEI Number 65-0961649 | |
| Zip <i>34229</i> | | Country <i>USA</i> | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ALLEN, EDWIN L JR 4324 S. PACIFIC CIRCLE NORTH FORT MYERS FL 33903 | | | | 7. Name and Address of New Registered Agent Name <i>Jo S. Hanson</i> Street Address (P.O. Box Number is Not Acceptable) <i>1454 Southbay Drive</i> City <i>Osprey</i> FL Zip Code <i>34229</i> | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Jo S. Hanson</i> DATE <i>2/11/06</i> <small>(NOTE: Registered Agent signature required when removing)</small> | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make Check Payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete BARBER, ROBERT D 4844 WOOD POINTE WAY SARASOTA FL 34233-3526 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T <input checked="" type="checkbox"/> Delete ALLEN, EDWIN L JR 4324 S. PACIFIC CIRCLE FT. MYERS FL 33903-5050 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>Treas</i> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Jo S. Hanson</i> <i>1454 Southbay Dr</i> <i>Osprey, FL 34229</i> | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete KOVALCIN, MICHAEL J 1325 HIDDEN HARBOR WAY SARASOTA FL 34242-1430 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Robert J Maxson 131 SE Sinclair St Port Charlotte, FL 33952 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete HOLCOMB, RICHARD A 3903 VERSAILLES DRIVE TAMPA FL 33634 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete LANE, JANET U 1560 DOLPHIN LANE NAPLES FL 34102 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete GUSCOTT, KENNETH J 604 DUNDEE LANE HOLMES BEACH FL 34217-1216 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Thomas F Krupa 8950 Park Blvd #305 Largo, FL 33777 | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Earl D. Mummery, Treasurer* 2/4/06 941 755-2458