2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

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Entity Name: EASA INC.

Current Principal Place of Business:

3111 WEST DR MARTIN LEUTHER KING BLVD
LAKEPOINTE II BLDG, SUITE 1000
TAMPA, FL 33607 US

New Principal Place of Business:

3111 WEST DR MARTIN LUTHER KING BLVD
LAKEPOINTE II BLDG, SUITE 1000
TAMPA, FL 33607 US

Current Mailing Address:

40 NORTH AVE
BURLINGTON, MA 01803

New Mailing Address:

FEI Number: 33-1126730 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE STE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: DEWHURST, SEBASTIAN DR
Address: 2411 VALRICO DRIVE
City-St-Zip: VALRICO, FL 33594 US

Title: DIR ( ) Delete
Name: BOURGEOIS, OLIVIER MR
Address: 40 NORTH AVE
City-St-Zip: BURLINGTON, MA 01803 US

Title: DIR ( ) Delete
Name: FORSTER, RALPH N MR
Address: 40 NORTH AVE
City-St-Zip: BURLINGTON, MA 01803 US

Title: DIR ( ) Delete
Name: POWERS, DENNIS MR
Address: 40 NORTH AVE
City-St-Zip: BURLINGTON, MA 01803 US

Title: DIR ( ) Delete
Name: AIRD, PETER MR
Address: 40 NORTH AVE
City-St-Zip: BURLINGTON, MA 01803 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: DEWHURST, SEBASTIAN DR
Address: 12722 MANNHURST OAK LANE
City-St-Zip: LITHIA, FL 33547 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. SEBASTIAN DEWHURST PRES 04/25/2007

Electronic Signature of Signing Officer or Director — Date