## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000152157

40 NORTH AVE

BURLINGTON, MA 01803 US

Address:

City-St-Zip:

Entity Name: EASA INC.

FILED Apr 18, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3111 WEST DR MARTIN LUTHER KING BLVD LAKEPOINTE II BLDG, SUITE 1000 TAMPA, FL 33607 **New Mailing Address: Current Mailing Address:** 40 NORTH AVE BURLINGTON, MA 01803 FEI Number: 33-1126730 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVÉ PARK DRIVE STE 4 WESTON, FL 33331 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS ( ) Delete () Change () Addition DEWHURST, SEBASTIAN DR Name: Name: 12722 MANNHURST OAK LANE Address: Address: City-St-Zip: LITHIA, FL 33547 US City-St-Zip: Title: Title: () Delete () Change () Addition BOURGEOIS, OLIVIER MR Name: Name: 40 NORTH AVE Address: Address: BURLINGTON, MA 01803 US City-St-Zip: City-St-Zip: Title: Title: DIR ( ) Delete () Change () Addition FORSTER, RALPH N MR Name: Name: 40 NORTH AVE Address: Address: City-St-Zip: BURLINGTON, MA 01803 US City-St-Zip: Title: DIR ( ) Delete Title: () Change () Addition POWERS, DENNIS MR Name: Name: Address: 40 NORTH AVE Address: City-St-Zip: BURLINGTON, MA 01803 US City-St-Zip: Title: DIR (X) Delete Title: () Change () Addition AIRD, PETER MR Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: TED PANAGIOTPOULOS CTLR 04/18/2008