


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90034 024 ****61.25

DOCUMENT # N94000002689
 1. Entity Name
 EAA CHAPTER 1067, INC.



Principal Place of Business
 160 AVIATION DRIVE
 NAPLES, FL 34104

Mailing Address
 160 AVIATION DRIVE
 NAPLES, FL 34104



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

03142006 Chg-NP CR2E037 (11/05)

4. FEI Number
 65-0541825

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAULICH, JOHN III
 5147 CASTELLO DR
 NAPLES, FL 34103

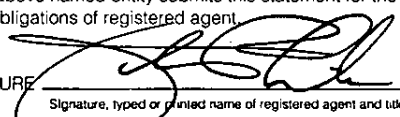
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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  DATE 3-14-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	QUIGLEY, JIM	
STREET ADDRESS	186 NORTH ST	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BROUSEAU, TED	
STREET ADDRESS	160 AVIATION DRIVE	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PAULICH, JOHN	
STREET ADDRESS	2221 PINWOOD CIR	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCMANUS, JACK	
STREET ADDRESS	4136 RUTLAND DUNN	
CITY-ST-ZIP	OREGON, WI 53575	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMB, MICHAEL	
STREET ADDRESS	229 Mentor Drive	
CITY-ST-ZIP	Naples, FL 34110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE 3-14-06 DAYTIME PHONE # 239-261-0544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR