## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000007559

FILED Jan 12, 2007 Secretary of State

Entity Name: EAA CHAPTER 1285, INC.							
Current Principal Place of Business:			New Principal Place of Business:				
	IUNICIPAL AIR DRT AVENUE I FL 34285						
Current M	lailing Addres	s:	New Mailing Address:				
P O BOX 8 VENICE, F							
FEI Number	: 65-0969432	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired	( )	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
8400 VAN	N, CHARLES I O ROAD UNIT A, FL 34231	1 1243 US	8400 VAM(	HARRISON, CHARLES H 8400 VAMO ROAD UNIT 1243 SARASOTA, FL 34231 US			
	named entity s e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	d office or registered agent, o	r both,	
SIGNATUR	RE:			01/12/2007			
	Electron	ic Signature of Registered Age	ent		Date		
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () PITTENGER, RI 4192 DUNAMOI LAKE WALES,	RE DRIVE	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	DVP () METZ, LOWELI 891 MOHAWK I VENICE, FL 34	OR.	Title: Name: Address: City-St-Zip:	DP KURTZ, SAN 646 PONDE SARASOTA,	R AVE		
Title: Name: Address: City-St-Zip:	DVP () GAYNOR, WEN 909 CHAPIN BL ENGLEWOOD,	VD.	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	DST () HARRISON, CH 5760 MIDNIGHT SARASOTA, FL	ΓPASS RD.	Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition CHARLES H ROAD #1243 FL 34231		

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHAFRLES H. HARRISON DST 01/12/2007