2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 321854

Entity Name: ANTIQUERS AERODROME INC

FILED Mar 15, 2006 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:	
6530 SKYLI DELRAY BE		US		
Current Mailing Address:			New Mailir	ng Address:
6530 SKYLINE DR DELRAY BEACH, FL 33446 US				
FEI Number:	59-2478945 FEI No	umber Applied For() FEI Nun	nber Not Appli	cable () Certificate of Status Desired (X)
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
LUMLEY, WILLIAM B 7320 SKYLINE DRIVE DELRAY EBAHC, FL 33446 US				
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.				
SIGNATUR	E:			
		ature of Registered Agent		Date
Election Campaign Financing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS: ADDITI			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	D () Delete TAYLOR, HOWARD 6739 SKYLINE DR DELRAY BEACH, FL 33	3446	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition GRADY, JEFFREY 6814 SKYLINE DR DELRAY BEACH, FL 33446
Title: Name: Address: City-St-Zip:	PD () Delete ECKELSON, ROBERT 6664 SKYLINE DR DELRAY BEACH, FL 33	3446	Title: Name: Address: City-St-Zip:	VPD (X) Change () Addition BYERS, STEPHEN J 7396 SKYLINE DR DELRAY BEACH, FL 33446
Title: Name: Address: City-St-Zip:	D () Delete BLAKE, ALFRED M 6889 SKYLINE DR DELRAY BEACH, FL 33	3446	Title: Name: Address: City-St-Zip:	TD (X) Change () Addition BLAKE, ALFRED M 6889 SKYLINE DR DELRAY BEACH, FL 33446
Title: Name: Address: City-St-Zip:	SD () Delete MOTLEY, ANN 6969 SKYLINE DR DELRAY BEACH, FL 33	3446	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP () Delete GRADY, JEFFREY 6814 SKYLINE DR DELRAY BEACH, FL 33	3446	Title: Name: Address: City-St-Zip:	D (X) Change () Addition SALITURI, BRUCE 6555 SKYLINE DR DELRAY BEACH, FL 33446
Title: Name: Address: City-St-Zip:	TD () Delete THOMAS, MARGARET S 6703 SKYLINE DR DELRAY BEACH EL 33		Title: Name: Address: City-St-Zip:	D (X) Change () Addition BOWER, WILLIAM M 7168 SKYLINE DR DEI RAY BEACH EL 33446

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY R GRADY PD 03/15/2006