FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90376 031 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F94000003874

1. Entity Name
DALLAS AIRMOTIVE, INC.

400174033

Principal Place of Business	Mailing Address
900 NOLEN DRIVE SUITE A GRAPEVINE, TX 76051 US	201 S. ORANGE AVE., SUITE 1100 ATTN: BBA TAX DEPT. ORLANDO, FL 32801 US

04252006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 75-2530158 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDC DONLAN, JAMES P 900 NOLEN DRIVE, SUITE A GRAPEVINE, TX 76051	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President + CEO Hugh McELROY 201 S. ORANGE Ave ste 1100 ORLANDO, FL 32801	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCFO WEAVER, BRUCE 1503 PECOS DR SOUTHLAKE, TX 76092	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP + CEO Douglas Meador 201 S. ORANGE Ave ste 1100 ORLANDO, FL 32801	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MURRER, GREGORY J 5 POWERHOUSE LN BOXFORD, MA 01921	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAN ALLEN, BRUCE S 32245 EQUESTRIAN TRAIL SORRENTO, FL 32776	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 607, 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: _____ Gregory J. Murrer, Secretary 4/26/06 781-246-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #