

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000015989

FILED
Apr 07, 2009
Secretary of State

Entity Name: APPLIED CONCEPTS AIRCRAFT SOLUTIONS, INC.

Current Principal Place of Business:

7968 SW JACK JAMES DRIVE
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

11319 SANDY RUN ROAD
JUPITER, FL 33478

New Mailing Address:

7968 SW JACK JAMES DRIVE
STUART, FL 34997

FEI Number: 65-1074765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Title: PCEO () Delete
Name: LORET DE MOLA, MANUEL M PRESIDE
Address: 7968 SW JACK JAMES DRIVE
City-St-Zip: STUART, FL 34997

Title: T () Delete
Name: LORET DE MOLA, JANE Z TREASUR
Address: 7968 SW JACK JAMES DRIVE
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MANUEL M. LORET DE MOLA

PCEO

04/07/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date