

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90156 043 \*\*\*150.00

DOCUMENT # P03000119053			
1. Entity Name S&P AIRCRAFT INTERIOR, CORP.			
Principal Place of Business 115 LAKE EMERALD DR #206 OAKLAND PARK, FL 33309-6254		Mailing Address 115 LAKE EMERALD DR #206 OAKLAND PARK, FL 33309-6254	
2. Principal Place of Business <b>548 NE 42 STREET</b>		3. Mailing Address <b>548 NE 42 STREET</b>	
Suite, Apt. #, etc. <b>7</b>		Suite, Apt. #, etc. <b>7</b>	
City & State <b>OAKLAND PARK, FL</b>		City & State <b>OAKLAND PARK, FL</b>	
4. FEI Number <b>20-0327025</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		03062006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent <b>PEIXOTO, AMILTON</b> <b>415 LAKE EMERALD DR #206</b> <b>OAKLAND PARK, FL 33309-6254</b> <b>548 NE 42 STREET, # 7</b> <b>OAKLAND PARK, FL 33334</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <b>04.27.06</b>	
SIGNATURE typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV PEIXOTO, SERGIO A 115 LAKE EMERALD DR #206 OAKLAND PARK, FL 333096254 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>548 NE 42 STREET, # 7</b> <b>OAKLAND PARK, FL 33334</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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: 		DATE <b>04.27.06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	