
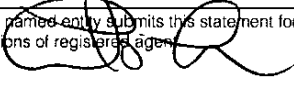
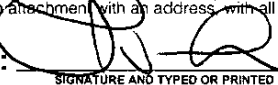


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90036 045 \*\*\*150.00

DOCUMENT # P04000131374			
1. Entity Name AEROSPACE DYNAMICS, INC.			
Principal Place of Business 4906 PATCH RD SUITE 727 ORLANDO, FL 32822		Mailing Address 4906 PATCH RD SUITE 727 ORLANDO, FL 32822	
2. Principal Place of Business 4906 PATCH RD. Suite, Apt. #, etc. SUITE B		3. Mailing Address 4906 PATCH RD. Suite, Apt. #, etc. SUITE B	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip <del>32822</del> Country U.S.A.		Zip 32822 Country U.S.A.	
6. Name and Address of Current Registered Agent ARCE, ALBERTO 4906 PATCH RD SUITE 727 ORLANDO, FL 32822		7. Name and Address of New Registered Agent Name ARCE, ALBERTO Street Address (P.O. Box Number is Not Acceptable) 4906 PATCH RD. SUITE B City ORLANDO FL Zip Code 32822	
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: 1/13/2006	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D ARCE, ALBERTO 4906 PATCH RD SUITE 727 ORLANDO, FL 32822 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ARCE, ALBERTO 4906 PATCH RD, SUITE B ORLANDO, FL 32822 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FADEL, JEHAD A 4906 PATCH RD SUITE 727 ORLANDO, FL 32822 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FADEL, JEHAD A. 4906 PATCH RD., SUITE B ORLANDO, FL <input checked="" 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
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
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: 		DATE: 01/13/2006 (321) 235-0859	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	