2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P04000131374 1. Entity Name AEROSPACE DYNAMICS, INC.					01-23-2006 90036 045 ***1 50.00			
Oringinal Plan	a of Business	Mailine Address			UUU	UZUUU		
Principal Plac		Mailing Address						
4906 PATCH ORLANDO, F	I RD SUITE 727 L 32822	4906 PATCH RD SUITE 727 ORLANDO, FL 32822						
					I ABIM BIBII BBIN BANII BBIBI		B1861 L 1884	
2. Principal Place of Business 4906 PATCH RD. 3. Mailing Address 4906 PATCH			CH RD,					
Suite, Apt. #, etc. SUITE B SUITE B				01192006	Chg-P	CR2E034 (11/05)		
City & State City & State			1=1	4. FEI Numb		├	pplied For	
ORLANDO, FL ORLANDO, F		ountry - A	20-172	3121		ot Applicable		
210	32822 "Ü",S.A.	32822 °	Ű,S. A	5. Certificate	of Status Desired	S8.75 Add Fee Require		
	6. Name and Address of Current I		7. Name and	Address of New Re	gistered Agent			
ARCE, ALBERTO				Name ARCE, ALBERTO				
4906 PATCH RD SUITE 727 ORLANDO, FL 32822			Street Add	Street Address (P.O. Box Number is Not Acceptable) 49.06 PATCH RP				
				SUITE B				
			City	· · · · · · · · · · · · · · · · · · ·				
8. The above pamed entry 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							and accept	
the obligations of registered agent								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.								
10,	OFFICERS AND	DIRECTORS	11,	ADDITIONS	/CHANGES TO DEEL	CERS AND DIRECTOR	PS IN: 11	
TITLE	р		TITLE	M		₩ Channe	Addition	
NAME			NAME	ARCE, ALBERTO 4906 PATCHRD, SUITE B				
STREET ADDRESS			STREET ADDRESS	SS 4906 PATCH RD, SUITE B				
CITY-ST-ZIP	ORLANDO, FL 32822	1	CITY-ST-ZIP	ORLANDO	, FL 328	22		
TITLE	D	☐ Delete	TITLE	D	- 11 0 - 1	Change	☐ Addition	
NAME	= ==, . =		NAME	FADEL, JEHAD A. 4906 PATCH RD., SUITE B				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	ORLANDO, FL				
	ORDANDO, FL 32822		-	<u> </u>			- Address	
TITLE NAME			TITLE NAME			Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-S1-ZIP					
TITLE		☐ Defete	TITLE			☐ Change	☐ Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-\$1-ZIP			CITY-ST-ZIP					
NAME			TITLE			☐ Change	☐ Addition	
STREET ADDRESS	I		STREET ADDRESS					
		■ .	SINCEL ADDRESS I					
CITY-\$T-ZIP			CETY-ST-ZIP					
CITY-ST-ZIP FITLE						☐ Change	Addition	
		☐ Delete	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 of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/2006 (32) 235-085