

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15355

FILED
Jan 19, 2006
Secretary of State

Entity Name: BE AEROSPACE, INC.

Current Principal Place of Business:

1400 COPORATE CENTER WAY
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

1400 CORPORATE CENTER WAY
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 06-1209796 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: C () Delete
Name: KHOURY, AMIN J
Address: 1400 CORPORATE CENTER WAY
City-St-Zip: WELLINGTON, FL 33414

Title: PCEO () Delete
Name: KHOURY, ROBERT J
Address: 900 FOX VALLEY DRIVE, STE 104
City-St-Zip: LONGWOOD, FL 32779

Title: VCFO () Delete
Name: MCCAFFREY, THOMAS P
Address: 1400 CORPORATE CENTER WAY
City-St-Zip: WELLINGTON, FL 33414

Title: VPS () Delete
Name: MORIARTY, EDMUND J
Address: 1400 CORPORATE CENTER WAY
City-St-Zip: WELLINGTON, FL 33414

Title: VPT () Delete
Name: HOLTZMAN, JEFFREY P
Address: 1400 CORPORATE CENTER WAY
City-St-Zip: WELLINGTON, FL 33414

Title: AS () Delete
Name: MILLER, WILLIAM A
Address: 1400 CORPORATE CENTER WAY
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CCEO (X) Change () Addition
Name: KHOURY, AMIN J
Address: 1400 CORPORATE CENTER WAY
City-St-Zip: WELLINGTON, FL 33414

Title: PCOO (X) Change () Addition
Name: BAUGHAN, MICHAEL B
Address: 1400 CORPORATE CENTER WAY
City-St-Zip: WELLINGTON, FL 33414

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

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

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 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: EDMUND J. MORIARTY

Electronic Signature of Signing Officer or Director

VPS

01/19/2006

Date