


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90035 010 ***158.75

DOCUMENT # P04000107096	
1. Entity Name ALEXSAM AIRCRAFT SALES INC	

Principal Place of Business 6905 CABANA LANE FT PIERCE, FL 34951	Mailing Address 6905 CABANA LANE FT PIERCE, FL 34951
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2. Principal Place of Business <i>1135 Buckhead Dr. SW</i>	3. Mailing Address <i>1135 Buckhead Dr. SW</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Vero Beach FL</i>	City & State <i>Vero Beach FL</i>
Zip <i>32968</i>	Zip <i>32968</i>
Country <i>USA</i>	Country <i>USA</i>



01102006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent MILLER, LUCINDA M 6905 CABANA LANE FT PIERCE, FL 34951	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) <i>1135 Buckhead Drive SW</i> City <i>Vero Beach</i> FL Zip Code <i>32968</i>	

4. FEI Number 20-1373471	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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 *Lucinda M. Miller* *1/20/06*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, LUCINDA M 6905 CABANA LANE FT PIERCE, FL 34951 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1135 Buckhead Drive SW Vero Beach FL 32968</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLER, JAMES R 6905 CABANA LANE FT PIERCE, FL 34951 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1135 Buckhead Drive SW Vero Beach FL 32968</i>
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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 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 *Lucinda M. Miller* *1/20/06* *772-979-2777*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #