



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000094007</b>		
1. Entity Name <b>AIRCRAFT ENTERPRISES INC.</b>		
Principal Place of Business <b>3406 9TH AVENUE FORT LAUDERDALE, FL 33315</b>	Mailing Address <b>3406 9TH AVENUE FORT LAUDERDALE, FL 33315</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
		 04112006 No Chg-P CR2E034 (11/05)
		4. FEI Number <b>65-0962337</b> Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fees Required</b>
6. Name and Address of Current Registered Agent  <b>THOMSON, MICHAEL G 3406 9TH AVENUE FORT LAUDERDALE, FL 33315</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when relocating)</small> DATE _____		
<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"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  000000511950 04/29/06-80066-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMSON, MICHAEL G 3406 9TH AVENUE FORT LAUDERDALE, FL 33315	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALI, SHIEK 3406 9TH AVENUE FORT LAUDERDALE, FL 33315	
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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: <i>M.G. Thomson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/13/06 Date
		954-359-0019 Daytime Phone #