



2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

DOCUMENT # 320084 1. Entity Name AERO SPORT INC					
Principal Place of Business 4900 U.S. 1 NORTH SUITE 100 ST. AUGUSTINE, FL 32095			Mailing Address 2255 GLADES RD. STE 321A BOCA RATON, FL 33431		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BRESLOW, RICHARD H 2255 GLADES RD. STE. 321A BOCA RATON, FL 33431				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				200075214932 5/25/06--01004--008 **\$61.25	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C <input type="checkbox"/> Delete		TITLE	CEOC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREENBERG, MARTIN F		NAME	GREENBERG, MARTIN F.	
STREET ADDRESS	2255 GLADES RD. STE. 321A		STREET ADDRESS	2255 GLADES RD., SUITE 321A	
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WANTSHOUSE, MARK		NAME		
STREET ADDRESS	2255 GLADES RD. STE. 321A		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SLINGLUFF, MICHAEL		NAME		
STREET ADDRESS	4900 U.S 1 NORTH STE. 100		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32095		CITY-ST-ZIP		
TITLE	CFOS <input type="checkbox"/> Delete		TITLE	CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FAREN, MICHAEL		NAME	FAREN, MICHAEL	
STREET ADDRESS	2255 GLADES RD. STE. 321A		STREET ADDRESS	2255 GLADES RD., SUITE 321A	
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	GREENBERG, BRETT	
STREET ADDRESS			STREET ADDRESS	2255 GLADES RD., SUITE 321A	
CITY-ST-ZIP			CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  MARTIN F. GREENBERG, CEOC 4-24-06 561-347-8585					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>