2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCL 1. Entity Nat	IMENT # 507745			Secretary of State
AIRCRAF	T ACCESSORIES OF SEB	RING, INC.		
Principal Place of Business		Mailing Address		-
2610 S LAKE DENTON ROAD AVON PARK FL 33825		- 2610 S LAKE DENTON ROAD		
AVUNPAN	ik FL 33023	AVON PARK FL 33825		
2. Principal Place of Business		3. Mailing Address		t 1995/65 South 1997 (1997) 200 and 19 State (1997) and 19 State (1997) and 19 State (1997)
Suite, Apt. #, etc.		Surle, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & State		City & State		4. FEI Number 59-1708074 Applied Ft Not Applied
Ziρ	- Country	Zιφ	Country	5. Certificate of Status Desired
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent
WIGGINS, WILLIAM D. JR. 2610 S LAKE DENTON ROAD AVON PARK FL 33825			Name	
			Street Address	s (P.O. Box Number is Not Acceptable)
			City	FL Zia Code
8. The above the obliga	e named entity submits this statement tions of registered agent.	for the purpose of changing its i	registered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and acc
SIGNATURE	Espalare, typed or pruted name of registered ag-	eni and Cite of employable IDVSTF	Registered Agent signature renui	uso when rendshing) DATE
After	TILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550, k Payable to Florida Department	00		9. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fee
10.		ID DIRECTORS	77.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PD	☐ Oelete	TILE	Change 1.6
NAME STREET ADDRESS	WIGGINS, WILLIAM D. JR.		NAME CYREET AGORGO	
CITY-ST-ZIP	2610 S LAKE DENTON RD AVON PARK FL		STBEET AODRESS CITY-\$1- ZIP	U00000404978 02/07/06-80021-025 150.00
TITLE	D	☐ Delete	HITLE	Change A
NAME	WIGGINS, NORMA T.		NAME	
STREET ADURESS CITY-ST-ZIP	2610 S LAKE DENTON RD AVON PARK FL		STREET AODRESS CHTY-ST-ZIP	
THISTE		☐ Delete	HILE	☐ Change ☐ Ad
NAME			MANK	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CHTY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ A:
NAME *			NAME	
STREET ADDRESS City-St-7ip			STREET ADDRESS CITY-ST-ZIP	
HTLE		☐ Delete	TITLE	☐ Change ☐ Avi
NAME	}		NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-SI-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ A:
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP	•		CITY-SI-ZIP	

12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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 cath, that I am an officer or direction 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 Slogistic changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Willet Miggy &

Jan. 24, 2006

863-452-2925

FILED