2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004689

Entity Name: KELLSTROM DEFENSE AEROSPACE, INC.

FILED Jul 11, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
3701 FLAM MIRAMAR,	INGO ROAD FL 33027				
Current Mailing Address:			New Mailing Address:		
3701 FLAMINGO ROAD MIRAMAR, FL 33027					
FEI Number:	02-0617981	FEI Number Applied For () FEI Nur	mber Not Appli	cable () Certificate	e of Status Desired (X)
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Regis	stered Agent:
CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE, FL 32301 US					
The above in the State		ubmits this statement for the purpose of	of changing it	s registered office or re	gistered agent, or both,
SIGNATURE:					
	Electron	ic Signature of Registered Agent		D	ate
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () ZALUPSKI, DEN 3701 FLAMINGO MIRAMAR, FL 3	D ROAD	Title: Name: Address: City-St-Zip:	() Change() Addition
Title: Name: Address: City-St-Zip:	ASVP () TORRES, OSCA 3701 FLAMINGO MIRAMAR, FL 3	D ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VPD () STRUCK, JOHN 3701 FLAMINGO MIRAMAR, FL 3	O ROAD	Title: Name: Address: City-St-Zip:	VPD (X) Change (SHEEHY, ROBERT 3701 FLAMINGO ROAD MIRAMAR, FL 33027) Addition
Title: Name: Address: City-St-Zip:	SD () ESSON, BRAD I 3701 FLAMINGO MIRAMAR, FL 3	D ROAD	Title: Name: Address: City-St-Zip:	() Change() Addition
Title: Name: Address: City-St-Zip:	VPD () SCHREIBER, DO 3701 FLAMINGO MIRAMAR, FL	O RD	Title: Name: Address: City-St-Zip:	CEOD (X) Change (SCHREIBER, DON 3701 FLAMINGO RD MIRAMAR, FL 33027) Addition
Title: Name: Address: City-St-Zip:	VPD () COMIS, JAMES 3701 FLAMINGO MIRAMAR, FL 3	O RD	Title: Name: Address: City-St-Zip:	() Change() Addition

I hereby certify that the information supplied with this filing does not qualify 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: OSCAR TORRES

ASVP

07/11/2007