

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000368

FILED
Jan 05, 2007
Secretary of State

Entity Name: EAST WEST AIRCRAFT SALES, INCORPORATED

Current Principal Place of Business:

401 BAY FRONT PLACE
3507
NAPLES, FL 341026463 US

New Principal Place of Business:

Current Mailing Address:

401 BAY FRONT PLACE
3507
NAPLES, FL 341026463 US

New Mailing Address:

POST OFFICE BOX 8
NAPLES, FL 341060008 US

FEI Number: 48-1288339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHROER, JERRY
401 BAY FRONT PLACE
#3507
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: THENO, LARRY
Address: 7783 WEST BAYHILL STREET
City-St-Zip: BOISE, ID 83704

Title: DST () Delete
Name: SCHROER, JERRY
Address: 401 BAY FRONT PLACE #3507
City-St-Zip: NAPLES, FL 341026463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JERRY SCHROER

DST

01/05/2007

Electronic Signature of Signing Officer or Director

_____ Date