


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90156 018 \*\*\*150.00

<b>DOCUMENT # F03000005140</b> 1. Entity Name <b>BOMBARDIER AEROTECH INC.</b>					
Principal Place of Business <b>P.O. BOX 991 261 MOUNTAIN VIEW DR. COLCHESTER, VT 05446</b>			Mailing Address <b>P.O. BOX 991 261 MOUNTAIN VIEW DR. COLCHESTER, VT 05446</b>		
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  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 reconstituting)</small>					
<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</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP SRIVASTAVA, ASHWANI</b> <input checked="" type="checkbox"/> Delete <b>P.O. BOX 991, 261 MOUNTAIN VIEW DR COLCHESTER, VT 05446</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Richard R Park</b> <b>P.O. Box 991, 261 Mountain View Dr. Colchester VT 05446</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <input checked="" type="checkbox"/> Delete <b>PARK, RICHARD R</b> <b>P.O. BOX 991, 261 MOUNTAIN VIEW DR COLCHESTER, VT 05446</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Delete <b>TAVLIN, PETER M</b> <b>P.O. BOX 991, 261 MOUNTAIN VIEW DR COLCHESTER, VT 05446</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <input type="checkbox"/> Delete <b>CARLE, ROGER</b> <b>800 RENE-LEVESQUE W 28TH FLOOR MONTREAL QUEBEC CANADA: H3B1Y8</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <input checked="" type="checkbox"/> Delete <b>CARNEY, VAUGHN</b> <b>P O BOX 991, 261 MOUNTAIN VIEW DRIVE COLCHESTER, VT 05446</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Vaughn A. Carney</b> <b>Pp. Box 991, 261 Mountain View Dr. Colchester VT 05446</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Vaughn Carney</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>Vaughn Carney</b> <b>Secretary</b> Date <b>4/27/06</b> Daytime Phone #		