


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000005935 1. Entity Name INFOTECH AEROSPACE SERVICES, INC.	
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Principal Place of Business 699 INDUSTRIAL AVENUE ISABELA, PR 00662	Mailing Address 699 INDUSTRIAL AVENUE ISABELA, PR 00662
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03022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 66-0825672	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ADAMS, PAUL C/O PRATT & WHITNEY, 400 MAIN STREET EAST HARTFORD, CT 06108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERALTA, RITA 699 INDUSTRIAL AVENUE ISABELA, PR 00662
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SWIGERT, STEPHEN C/O PRATT & WHITNEY, 400 MAIN STREET EAST HARTFORD, CT 06108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVESQUE, PAMELA C/O PRATT & WHITNEY, 400 MAIN STREET EAST HARTFORD, CT 06108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O REDDY, BDR MOHAN NO. 11 INFO CITY, MADHAPUR HADERABAD INDIA 500 082.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000488905
04/17/06 80025-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Rita Peralta* **RITA PERALTA** 3-30-06 787-609-4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #