

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90203 030 ***158.75

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1. Entity Name

INFOTECH AEROSPACE SERVICES, INC.



Principal Place of Business

699 INDUSTRIAL AVENUE
ISABELA, PR 00662

Mailing Address

699 INDUSTRIAL AVENUE
ISABELA, PR 00662



03092007

No Chg-P

CR2E034 (11/05)

4. FEI Number

66-0625672

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE C
NAME ADAMS, PAUL
STREET ADDRESS C/O PRATT & WHITNEY, 400 MAIN STREET
CITY-ST-ZIP EAST HARTFORD, CT 06108

TITLE P
NAME PERALTA, RITA
STREET ADDRESS 699 INDUSTRIAL AVENUE
CITY-ST-ZIP ISBELA, PR 00662

TITLE S
NAME SWIGERT, STEPHEN
STREET ADDRESS C/O PRATT & WHITNEY, 400 MAIN STREET
CITY-ST-ZIP EAST HARTFORD, CT 06108

TITLE D
NAME LEVESQUE, PAMELA
STREET ADDRESS C/O PRATT & WHITNEY, 400 MAIN STREET
CITY-ST-ZIP EAST HARTFORD, CT 06108

TITLE D
NAME REDDY, BDR MOHAN
STREET ADDRESS NO. 11 INFO CITY, MADHAPUR HADERABAD
CITY-ST-ZIP INDIA 500 082,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-29-07