


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2007 8:00 am
Secretary of State


03-02-2007 90026 029 ***158.75

DOCUMENT # F06000007907 1. Entity Name DERCO AEROSPACE, INC.	
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Principal Place of Business 8000 WEST TOWER AVE. MILWAUKEE, FL 53223 WI	Mailing Address 8000 WEST TOWER AVE. MILWAUKEE, FL 53223 WI
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DO NOT WRITE IN THIS SPACE

40028322



02122007 No Chg-P CR2E034 (11/05)

4. FEI Number 39-1344641	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P OCHSNER, WILLIAM 8000 WEST TOWER AVE. MILWAUKEE, FL 53223 WI
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HOEHNEN, MARK 8000 WEST TOWER AVE. MILWAUKEE, FL 53223 WI
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HOPKO, KATHLEEN 6900 MAIN STREET STRATFORD, CT 06615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PIERPONT, RICHARD 6900 MAIN STREET STRATFORD, CT 06615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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: Mark Hoehenen MARK HOEHNEN 2/12/2007 414-355-3006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #