## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F95000004270

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GARDNER, TERRY A

3315 COOL RIDGE

WICHITA, KS 57204

Title:

Name:

Address:

City-St-Zip:

FILED Feb 09, 2007 Secretary of State

Entity Nar	me: AIRPAR	TS COMI	PANY, INC.					
Current Principal Place of Business:				New Principal Place of Business:				
2310 NW 5 BAY 128	55TH COURT	-						
FT LAUDE	RDALE, FL 3	33309	US					
Current Mailing Address:					New Mailing Address:			
PO BOX 92 FT LAUDE	268 ERDALE, FL 3	33310926	88 US					
FEI Number:	48-0782724	FEI Nu	ımber Applied For()	FEI Nur	nber Not Appl	icable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
111 SE 8TI APT 704	RO, ANDREV H AVE JDERDALE, F		US					
The above in the State	named entity of Florida.	submits	this statement for the p	ourpose o	f changing it	ts registere	ed office or registered agent, or both,	
SIGNATUF	RF.							
Electronic Signature of Registered Agent					 Date			
Election Can	npaign Financir	ng Trust Fo	und Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:	MAXWELL, M	N BLVD AI	PT. 1110 BLDG C . 33308		Title: Name: Address: City-St-Zip:		(X) Change()Addition , MARTA E H AVE # 1702 DERDALE, FL 33301	
Title: Name: Address: City-St-Zip:	MAXWELL, H	N BLVD AI	PT. 1110 BLDG C		Title: Name: Address: City-St-Zip:	111 S.E. 8	(X) Change ( ) Addition , HERBERT G TH AVE #1702 DERDALE, FL 33301	
Title: Name: Address: City-St-Zip:	S ( GALVAN, EMII 11902 GLENN CORAL SPRIN	10RE DR	3071		Title: Name: Address: City-St-Zip:	S GALVAN, E 912 S.E. 5 FT. LAUDE		

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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: MARTA E MAXWELL **PRES** 02/09/2007