2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2006
Secretary of State

DOCUMENT# F98000005860

Entity Name: MCKECHNIE AEROSPACE USA, INC.

Current Principal Place of Business:

8855 NW 35TH LANE
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

2201 REGENCY ROAD, STE 701
LEXINGTON, KY 40503

New Mailing Address:

4850 JOULE STREET, SUITE A1
RENO, NV 89502

FEI Number: 65-0868942 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HENDERSON, STEPHEN
Address: 350 S ROCK BLVD.
City-St-Zip: RENO, NV 89502

Title: VTSD ( ) Delete
Name: GRABEN, BRUCE
Address: 2201 REGENCY ROAD, STE 701
City-St-Zip: LEXINGTON, KY

Title: V (X) Delete
Name: RICKETTS, ANTHONY
Address: 350 S ROCK BLVDD
City-St-Zip: RENO, NV 89502

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: RICKETTS, ANTONY
Address: 4850 JOULE STREET, SUITE A1
City-St-Zip: RENO, NV 89502

Title: VTSD (X) Change ( ) Addition
Name: GRABEN, BRUCE
Address: 2201 REGENCY ROAD, STE 701
City-St-Zip: LEXINGTON, KY 40503

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: BRUCE GRABEN VTSD 05/17/2006

Electronic Signature of Signing Officer or Director Date