

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006335

Entity Name: AIRCRAFT 22688, INC.

FILED
Jan 05, 2005
Secretary of State

Current Principal Place of Business:

10800 BISCAYNE BLVD.
SUITE 800
MIAMI, FL 33161 US

New Principal Place of Business:

Current Mailing Address:

401 N. TRYON ST.
NC1-021-02-20
CHARLOTTE, NC 28255

New Mailing Address:

FEI Number: 52-2203840 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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: SV () Delete
Name: MROZ, GREG S
Address: 401 N. TRYON ST., NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255 US

Title: PD () Delete
Name: HAGEN, ANTHONY M
Address: 401 N. TRYON ST., NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255 US

Title: T () Delete
Name: KEYES, ROBERT A JR.
Address: 401 N. TRYON ST., NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255 US

Title: S () Delete
Name: COSTAMAGNA, CHRISTINE M
Address: 401 N. TRYON ST., NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SVP (X) Change () Addition
Name: SMITH, DUANE L
Address: 401 N. TRYON ST., NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255 US

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

Title: TCFO (X) Change () Addition
Name: KEYES, ROBERT A JR.
Address: 401 N. TRYON ST., NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255 US

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 Section 119.07(3)(i), 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: DUANE L SMITH

SVP

01/05/2005

Electronic Signature of Signing Officer or Director

_____ Date