

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H32301

FILED
Mar 31, 2006
Secretary of State

Entity Name: BROWN HELICOPTER, INC.

Current Principal Place of Business:

10100 AILERON AVE
PENSACOLA, FL 32506

New Principal Place of Business:

Current Mailing Address:

10100 AILERON AVE
PENSACOLA, FL 32506

New Mailing Address:

FEI Number: 59-2560881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROWN, THOMAS A.
14830 INNERARITY PT RD
PENSACOLA, FL 32507 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: BROWN, THOMAS A.,
Address: 14830 INNERARITY PT RD
City-St-Zip: PENSACOLA, FL 32507

Title: V () Delete
Name: BROWN, MICHAEL C.,
Address: 401 COLBERT AVE
City-St-Zip: PENSACOLA, FL 32507

Title: T () Delete
Name: BROWN, PATRICK F
Address: 400 COLBERT AVE.
City-St-Zip: PENSACOLA, FL 32507

Title: S () Delete
Name: LANE, JOHN H.,
Address: 311 WOODBINE DR.
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JOHN H. LANE

S

03/31/2006

Electronic Signature of Signing Officer or Director

Date