2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H77581

FILED Mar 06, 2009 Secretary of State

Entity Name: HELICOPTER ACCESSORY SERVICE EAST, INC.

urrent P	rincipal Place	e of Business:	New Principal Place	of Business:
	ERON AVE. DLA, FL 32506			
Current Mailing Address:			New Mailing Address:	
	ERON AVE. DLA, FL 32506	;		
El Number	: 59-2614168	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	d Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:
4830 INN	THOMAS A. IERARITY POI			
ENSACC	DLA, FL 32507	US		
he above	,		purpose of changing its registere	ed office or registered agent, or both,
he above	e named entity e of Florida.		purpose of changing its registere	ed office or registered agent, or both,
he above the State	e named entity e of Florida. RE:			ed office or registered agent, or both, Date
the above the State	e named entity e of Florida. RE: Electror	submits this statement for the		
he above the State GNATUI	e named entity e of Florida. RE: Electror	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution ().	ent	
he above the State GNATUI	e named entity e of Florida. RE: Electror mpaign Financin S AND DIREC DP (BROWN, THOM	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution (). TORS: Delete MAS A., RITY POINT ROAD	ent	Date
he above the State IGNATUI Iection Car PFFICER tte: ame: ddress:	e named entity e of Florida. RE: Electror mpaign Financin S AND DIREC DP (BROWN, THOM 14830 INNERA PENSACOLA, I	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution (). TORS:) Delete MAS A., RITY POINT ROAD FL 32507 US) Delete S, SE ST	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify 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: SHARON HALL S 03/06/2009