
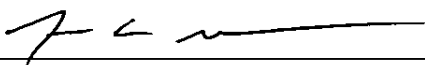



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90060 008 \*\*\*\*61.25

<b>DOCUMENT # N01000004496</b>					
<b>1. Entity Name</b> NATIONAL ASSOCIATION OF AEROSPACE TECHNICIANS, INC.					
<b>Principal Place of Business</b> NAAT MAIL CODE: SPACETEC KENNEDY SPACE CENTER, FL 32899    US			<b>Mailing Address</b> NAAT P. O. BOX 21264 KENNEDY SPACE CENTER, FL 32815    US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 01-0685395	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
KOLLER, ALBERT M 2645 ROYAL OAK DRIVE TITUSVILLE, FL 32780			Name <u>Salvador F. Margiotta</u> Street Address (P.O. Box Number is Not Acceptable) <u>39 Barton Ave</u> City <u>Rockledge</u> FL    Zip Code <u>32955</u>		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE <u>Salvador F. Margiotta</u>				DATE <u>4/14/08</u>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARGIOTTA, SALVADOR F 39 BARTON AVENUE ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CURTIS, JUANITA 2600 CLEARLAKE RD, APT. 10C COCOA, FL 32927	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOLLER, ALBERT M JR. 2645 ROYAL OAK DRIVE TITUSVILLE, FL 32780	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HEARD, MARSHALL 620 APACHE TRAIL MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> 		Date <u>4-14-08</u>		Daytime Phone # <u>(321) 730-1020</u>	