

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003253

FILED  
Apr 25, 2009  
Secretary of State

**Entity Name:** THE AEROSPACE AND DEFENSE LEARNING INSTITUTE, INC.

**Current Principal Place of Business:**

5697 BAY POINT RD  
BOKEELIA, FL 33922

**New Principal Place of Business:**

**Current Mailing Address:**

5697 BAY POINT RD  
BOKEELIA, FL 33922

**New Mailing Address:**

**FEI Number:** 51-0539301

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: DREIKORN, MICHAEL  
Address: 5697 BAY POINT RD  
City-St-Zip: BOKEELIA, FL 33922

Title: D ( ) Delete  
Name: NOWOSIELSKI, RYAN  
Address: 5697 BAY POINT RD  
City-St-Zip: BOKEELIA, FL 33922

Title: D ( ) Delete  
Name: SOLER, DARLENE  
Address: 5697 BAY POINT RD  
City-St-Zip: BOKEELIA, FL 33922

**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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J DREIKORN

PSTD

04/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date