


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90025 004 ****61.25

DOCUMENT # N40658		
1. Entity Name NATIONAL AIRCRAFT RESALE ASSOCIATION, INC.		

Principal Place of Business 4226 KING STREET ALEXANDRIA, VA 22302 US	Mailing Address 4226 KING STREET ALEXANDRIA, VA 22302 US
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2. Principal Place of Business 320 King Street Suite, Apt. #, etc. Suite 250 City & State Alexandria, VA Zip 22314 Country US	3. Mailing Address 320 King Street Suite, Apt. #, etc. Suite 250 City & State Alexandria, VA Zip 22314 Country US
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07172006 Chg-NP CR2E037 (4/06)

4. FEI Number 65-0240338	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD DICKINSON, DANIEL 430 LELSER ROAD LAKE ZURICH, IL 60047 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Michael zabkar 3400 Waterview Pkwy. Suite 400 Richardson, TX 75080 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JORDAN, PHILIP 5007 AIRPORT ROAD DENTON, TX 76207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEETS, SUSAN L 4226 KING STREET ALEXANDRIA, VA 22302 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	320 King St. Suite 250 Alexandria, VA 22314 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARTNETT, MATT P.O. BOX 2206, M/S B-04 SAVANNAH, GA 31407 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MARKEL, JAMES 2240 AIRPORT BOULEVARD SANTA ROSA, CA 95403 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'KEEFFE, MICHAEL 1635 NORTHWEST 51ST PLACE FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Susan L. Sheets SUSAN L. SHEETS President 7/17/06 703 671-8273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #