2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001679

FILED Apr 16, 2009 Secretary of State

Entity Name: NATIONAL AEROSPACE FOD PREVENTION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
652 LAKE	EW KENNEY GEORGE DRI RNE, FL 32940				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
652 LAKE	EW KENNEY GEORGE DRI RNE, FL 32940				
FEI Number	r: 59-3304092	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
652 LAKE	ANDREW GEORGE DRI RNE, FL 32940				
	e named entity s e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electror	nic Signature of Registered A	gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	BELL, RICHAR	WAY, L02Q05/W2	Title: Name: Address: City-St-Zip:	() Change () Addition	
Γitle: Name:	KENNEY, AND	AUT BLVD, USK-N94	Title: Name: Address: City-St-Zip:	() Change () Addition	
Address: City-St-Zip:	CAPE CANAVE	.TCAL, I L 32320			
Address: City-St-Zip: Fitle: Name: Address:	CAPE CANAVE) Delete MES 5 DEPT 025	Title: Name: Address: City-St-Zip:	() Change () Addition	
Address:	CAPE CANAVE S () STEPHAN, JAN PO BOX 20706 ATLANTA, GA : D () CUNNINGHAM,) Delete MES 3 DEPT 025 30320) Delete RONALD LANE, SUITE 300	Title: Name: Address:	() Change () Addition () Change () Addition	
Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	S () STEPHAN, JAM PO BOX 20706 ATLANTA, GA : D () CUNNINGHAM, 6350 WALKER ALEXANDRIA,) Delete MES 6 DEPT 025 30320) Delete RONALD 1 LANE, SUITE 300 VA 22310) Delete	Title: Name: Address: City-St-Zip: Title: Name: Address:		

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: ANDREW KENNEY V 04/16/2009