

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000046728 1. Entity Name AEROTRUK FINANCIAL SERVICES, INC.	
--	---

Principal Place of Business 1980 N. HOAGLAND BLVD KISSIMMEE, FL 34741 US	Mailing Address 1980 N. HOAGLAND BLVD. KISSIMMEE, FL 34741 US
--	---



01112007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3716629	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SCHACHT, WILLIAM E  
1980 N. HOAGLAND BLVD.  
KISSIMMEE, FL 34741

**DO NOT WRITE  
IN THIS SPACE**

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)

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

000000597083  
01/24/07-80022-003 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHACHT, WILLIAM 1980 N. HOAGLAND BLVD. KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHACHT, FEROZA 1980 N. HOAGLAND BLVD. KISSIMMEE, 34 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 607, 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:  Pres - William Schacht 1/13/2007 407.574.5432  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #