FILED Apr 25, 2008 8:00 am Secretary of State

2008 FOR PROFIT CORPORATION

ANNUAL REPORT				04-25-200	08 90135 014 ***1	50.00
DOCUMENT # P01000053167 1. Entity Name WELDON AIRCRAFT PARTS, INC.			400	82263		
Principal Place of Business	Mailing Address					
P.O. BOX 84009 P.O. BOX 84		009				
HOLLYWOOD, FL 33084	HOLLYWOOD,			I MET 1897 BENT BENT BE	ETIN BANKA BUKAN KISBA KIDIN ATUK TA	ME 8 ME
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01082008	Chg-P	CR2E034 (12/06)	
City & State	City & State		4. FEI Numbe 65-1117			plied For at Applicable
Zip Country	Zip			of Status Desired	\$8.75 Add Fee Require	
6. Name and Address of Current	Na	7. Name and	Address of New I	Registered Agent		
TRAGER, ROSS	Name Street Address	Street Address (P.O. Box Number is Not Acceptable)				
1000 N HIATUS RD PEMBROKE PINES, FL 33026		- Substitutions	(r.o. box rionbe	is not Acceptable		
		City			FL Zip Cod	9
The above named entity submits this statement to the obligations of registered agent.	or the purpose of changing its	registered office or registe	ered agent, or both	n, in the State of F	1	and accept
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature require	d when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
10. OFFICERS AND DIRECTORS		11.	ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTOR	S IN 11
TIFLE DP	☐ Delete	TITLE			☐ Change	Addition
WELDON, TIM	1000 N HEADIG DO					
CITY-ST-ZIP PEMBROKE PINES, FL 33026		STREET ADDRESS CITY-ST-ZIP				
TITLE	☐ Delete	IIILE			☐ Change	Addition
NAME STREET ADDRESS		NAME STREET ADDRESS	•			
CITY-ST-ZIP		CITY-ST-ZIP				ļ
TITLE	☐ Delete	TITLE			☐ Change	Addition
NAME		NAME				
STREET ADDRESS . CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP				
TITLE	☐ Delete	ШЕ			☐ Change	☐ Addition
NAME STREET ADDRESS		NAME				
CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP				
TITLE	☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS		NAME Street adoress				
CITY-ST-ZIP _		CITY-ST-ZIP				
TITLE	☐ Detete	TITLE			Change	Addition
NAME STREET ADDRESS		NAME Street address				
CITY-ST-ZIP		CITY-ST-ZIP				
12. I hereby certify that the information supplied with	h this filing does not qualify for	r the exemptions containe	d in Chapter 119	Florida Statutes.	I further certify that the in	nformation

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 eath; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR