2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P02000108957

1. Entity Name

DOUGLAS AERO, INC.



FILED Jan 23, 2008 08:00 Al **Secretary of State**

Principal Place of Business

P.O. BOX 100591

FT LAUDERDALE, FL 33310-0591

Mailing Address

P.O. BOX 100591

FT LAUDERDALE, FL 33310-0591



DO	NOT	WRITE	IN THIS	SPACE
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CR2E034 (11/05) 01152008 No Chg-P

Applied For 4. FEI Number 04-3716578 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOUGLAS, JAMES A JR 3876 SW 30 AVE FT LAUDERDALE, FL 33312

DO NOT WRITE IN THIS SPACE

			in the second of	Strain Control of the
	named entity submits this statement for the pitions of registered agent.	urpose of changing its registere	d office or registered agent, or b	ooth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	•	·		
	Signature, typed or printed name of registered agent and title if	applicable (NOTE: Registered	Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finand Trust Fund Contribution.	scing \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		But the first to the state of t
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOUGLAS, JAMES A JR P.O. BOX 100591 FT. LAUDERDALE, FL 333100591			The second of th
TITLE NAME STREET ADDRESS				UQ0000791847

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IN THIS SPACE

12. I nereby 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 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:

CITY-ST-7(P TITLE NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

JAMES A. JR DOUGLAS

01-16-2008

954-5817577

NATED NAME OF SIGNING OFFICER OR DIRECTOR