

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90143 043 ***150.00

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|---|---------------------------------|---|--|--|--|
| DOCUMENT # P03000050482 | | | | | |
| 1. Entity Name MB AIRCRAFT CORPORATION | | | | | |
| Principal Place of Business 17099 WHITEHAVEN DR. BOCA RATON, FL 33496 | | | Mailing Address 17099 WHITEHAVEN DR. BOCA RATON, FL 33496 | | |
| 2. Principal Place of Business 4430 LIVE OAK BLVD | | 3. Mailing Address 4430 LIVE OAK BLVD | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 07112006 Chg-P CR2E034 (11/05) | |
| City & State FLORIDA | | City & State DELRAY BEACH FLORIDA | | 4. FEI Number 16-1665082 | |
| Zip 33445 | | Country PALM BEACH | | 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 BRECKER, MANFRED 17099 WHITEHAVEN DR. BOCA RATON, FL 33496 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE D NAME BRECKER, MANFRED STREET ADDRESS 17099 WHITEHAVEN DR. CITY-ST-ZIP BOCA RATON, FL 33496 | <input type="checkbox"/> Delete | | TITLE BRECKER MANFRED NAME 4430 LIVE OAK BLVD STREET ADDRESS DELRAY BEACH FLORIDA CITY-ST-ZIP 33445 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input 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 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: <i>Manfred Brecker</i> | | | 7/12/06 561 495 1468 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |