

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000097754

FILED
Jan 05, 2006
Secretary of State

Entity Name: AIRCRAFT BANKING CENTERS, INC.

Current Principal Place of Business:

1040 WOODCOCK RD.
STE 210
ORLANDO, FL 32803

New Principal Place of Business:

4491 ESCONDIDO LANE
UNIT 75
N. CAPTIVA ISLAND, FL 33924

Current Mailing Address:

1040 WOODCOCK RD.
STE 210
ORLANDO, FL 32803

New Mailing Address:

4930 BILL GARDNER PARKWAY
STE 305
LOCUST GROVE, GA 30248

FEI Number: 55-0874432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADDEN, JEANNE B
237 LEXINGDALE DRIVE
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

MADDEN, JEANNE B
4491 ESCONDIDO LANE
UNIT 75
N. CAPTIVA ISLAND, FL 33924 US

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.

SIGNATURE:

01/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MADDEN, JEANNE B
Address: 237 LEXINGDALE DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: SV () Delete
Name: MADDEN, DAVID R
Address: 237 LEXINGDALE DRIVE
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MADDEN, JEANNE B
Address: 4930 BILL GARDNER PARKWAY, STE. 305
City-St-Zip: LOCUST GROVE, GA 30248

Title: SV (X) Change () Addition
Name: MADDEN, DAVID R
Address: 4930 BILL GARDNER PARKWAY, STE. 305
City-St-Zip: LOCUST GROVE, GA 30248

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEANNE B. MADDEN

P

01/05/2006

Electronic Signature of Signing Officer or Director

Date