
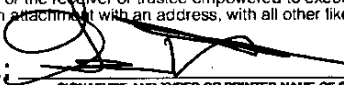


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90036 028 ***158.75

DOCUMENT # P04000168938 1. Entity Name AVIATION MAINTENANCE SERVICES, INC.					
Principal Place of Business 501 PEARL HARBOR DRIVE DAYTONA BEACH, FL 32114 US			Mailing Address 1648 TAYLOR ROAD SUITE 109 PORT ORANGE, FL 32128 US		
2. Principal Place of Business Route 109 Suite, Apt. #, etc. REPUBLIC AIRPORT		3. Mailing Address P O Box 408 Suite, Apt. #, etc.			
City & State FARMINGDALE NY		City & State FARMINGDALE NY		4. FEI Number 20-2147107	
Zip 11735		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DILLON, GREG 1648 TAYLOR ROAD SUITE 109 PORT ORANGE, FL 32128			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME DILLON, GREG		<input type="checkbox"/> Delete		
STREET ADDRESS 1648 TAYLOR ROAD SUITE 109	CITY-ST-ZIP PORT ORANGE, FL 32128		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE ST	NAME RIDOUT, NEIL		<input type="checkbox"/> Delete		
STREET ADDRESS 1648 TAYLOR ROAD SUITE 109	CITY-ST-ZIP PORT ORANGE, FL 32128		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE V	NAME MCCARTHY, KEVIN		<input type="checkbox"/> Delete		
STREET ADDRESS 853 OLD MEDFORD AVENUE	CITY-ST-ZIP MEDFORD, NY 11783		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
STREET ADDRESS _____	CITY-ST-ZIP _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
STREET ADDRESS _____	CITY-ST-ZIP _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
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: 			Greg Dillon		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1/24/06 Daytime Phone # 631-845-0404		