2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000067620

City-St-Zip:

MARGATE, FL 33063

FILED Apr 07, 2006 Secretary of State

Entity Name: WING IT AVIATION SUPPLY, INC.				
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
2555 SE DI STUART, F				
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
2555 SE DIXIE HWY STUART, FL 34996			17885 SE FEDERAL HWY. TEQUESTA, FL 33469	
FEI Number:	20-2780336 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		: Name and Address of	Name and Address of New Registered Agent:	
BERINGER, ALEXANDER 2555 SE DIXIE HWY STUART, FL 34996 US			HENDERSON, CHRISTOPHER T 19096 BASIN STREET JUPITER, FL 33469 US	
The above in the State	named entity submits this statement for t of Florida.	he purpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	E: CHRISTOPHER T. HENDERSON		04/07/2006	
	Electronic Signature of Registered	Agent	Date	
Election Cam	paign Financing Trust Fund Contribution ().			
OFFICERS	AND DIRECTORS:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete HENDERSON, CHRISTOPHER T 19096 BASIN ST JUPITER, FL 33469	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete HENDERSON, RAY D 17885 SE FEDERAL HWY TEQUESTA, FL 33469	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	S (X) Delete BERINGER, ALEXANDER 4902 S HEMINGWAY CIR	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: CHRISTOPHER T. HENDERSON **PRES** 04/07/2006