2008 FOR PROFIT CORPORATION

Apr 23, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P05000109280 x AIRCRAFT ENGINEERING DESIGN GROUP, INC. Principal Place of Business Mailing Address 3008 NW 82 AVE. 3008 NW 82 AVE. MIAMI, FL 33122 MIAMI, FL 33122 02042008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3276846 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ROSSILLO, FRANK CPA **8600 NW 53 TERRACE SUITE 201** IN THIS SPACE MIAMI, FL 33166 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 Signature, typed or project name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be U00000916655 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 05/13/08-80010-001 150.00 OFFICERS AND DIRECTORS 10. TITLE NAME SUAREZ, ROLANDO 3008 N.W. 82 AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 TITLE SUAREZ, PATRICIA NAME 3008 N.W. 82 AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 TITLE NAME STREET ADDRESS DO NOT WRI CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not realify 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 the rike empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARALIONS Ph 305-436-0302

FILED