

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000115850

FILED
Jun 09, 2006
Secretary of State

Entity Name: PILOT SHOPS OF AMERIFLYERS, INC.

Current Principal Place of Business:

801 NE 10TH STREET
POMPANO, FL 33060

New Principal Place of Business:

Current Mailing Address:

801 NE 10TH STREET
POMPANO, FL 33060

New Mailing Address:

FEI Number: 16-1731801

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: HUSER, HOWARD D
Address: DUPAGE AIRPORT 3N040 POWIS ROAD
City-St-Zip: WEST CHICAGO, IL 60185

Title: VSD () Delete
Name: LAWRENCE, HUGH
Address: 4201 NORTH MAIN STREET MEACHAM INTLAIRPORT
City-St-Zip: FT WORTH, TX 76106

Title: D () Delete
Name: PLACA, STEPHEN
Address: 90 ARRIVAL AVENUE
City-St-Zip: RONKONKOMA, NY 11779

Title: D () Delete
Name: COLE, JILL
Address: 16151 ADDISON ROAD
City-St-Zip: ADDISON, TX 75001

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JILL COLE

D

06/09/2006

Electronic Signature of Signing Officer or Director

Date