

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000152374

Entity Name: AIRBORNE AVIATION ALLOYS INC

FILED  
Apr 21, 2008  
Secretary of State

## Current Principal Place of Business:

5944 RIDGE LAKE CIRCLE  
VERO BEACH, FL 32967

## New Principal Place of Business:

## Current Mailing Address:

1466 S.W. KAMCHATKA AVE  
PORT ST. LUCIE, FL 34953

## New Mailing Address:

FEI Number: 83-0441296

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TANGO, STEPHEN J JR.  
1466 S.W. KAMCHATKA AVENUE  
PORT ST. LUCIE, FL 34953 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: P ( ) Delete  
Name: TANGO, STEPHEN J JR.  
Address: 1466 S.W. KAMCHATKA AVENUE  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: VP ( ) Delete  
Name: HOUCK, CHRISTINE  
Address: 5944 RIDGE LAKE CIRCLE  
City-St-Zip: VERO BEACH, FL 32967

Title: VP ( ) Delete  
Name: PINZON, DANIEL  
Address: 28 GREEN MEADOW DRIVE  
City-St-Zip: TINTON FALLS, NJ 07724

Title: D ( ) Delete  
Name: HOUCK, KENNETH B  
Address: 5944 RIDGE LAKE CIRCLE  
City-St-Zip: VERO BEACH, FL 32967

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: TANGO, STEPHEN J JR.  
Address: 1466 S.W. KAMCHATKA AVENUE  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: P (X) Change ( ) Addition  
Name: HOUCK, CHRISTINE  
Address: 5944 RIDGE LAKE CIRCLE  
City-St-Zip: VERO BEACH, FL 32967

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 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: CHRISTINE HOUCK

P

04/21/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date