

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000091614

**FILED**  
**Aug 11, 2011**  
**Secretary of State**

**Entity Name:** SIMCORP FLIGHT TRAINING INC.

**Current Principal Place of Business:**

9429 TRADEPORT DR.  
ORLANDO, FL 32827 US

**New Principal Place of Business:**

**Current Mailing Address:**

9429 TRADEPORT DR.  
ORLANDO, FL 32827 US

**New Mailing Address:**

**FEI Number:** 20-5371057

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ACCOUNTING ALLIANCE FOR SMALL BUSINESS P.A  
6453 S ORANGE AVE  
STE 4  
ORLANDO, FL 32809 US

**Name and Address of New Registered Agent:**

SMALL BUSINESS ACCOUNTANTS INC  
6000 TURKEY LAKE ROAD  
STE 202  
ORLANDO, FL 32819 US

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: GLORIA J. ROBINSON CPA

08/11/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: RIAD, HAYMAN MR  
Address: 9429 TRADEPORT DR.  
City-St-Zip: ORLANDO, FL 32827 US

Title: SH  
Name: BRAIK, AL M  
Address: 9429 TRADEPORT DR  
City-St-Zip: ORLANDO, FL 32827 US

I hereby 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 all other like empowered.

SIGNATURE: HAYMAN RIAD

PRES

08/11/2011

Electronic Signature of Signing Officer or Director

Date