

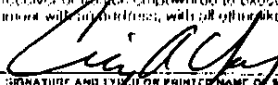
Apr 24 08 12:00p

Daniel DeIulio, CPA Charter 772467

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90408 006 ***158.75

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P07000022796			
1. Entity Name: AIRCRAFT SPECIALTIES, INC.			
Principal Place of Business: 2946 CURTIS KING BLVD. FORT PIERCE, FL 34946		Mailing Address: 2946 CURTIS KING BLVD. FORT PIERCE, FL 34946	
NOTE CHANGE OF ADDRESS!!			
2. Principal Place of Business - No P.O. Box # 3180 AIRMAN'S DRIVE Suite, Apt. #, etc.		3. Mailing Address 3180 AIRMAN'S DRIVE Suite, Apt. #, etc.	
City & State Fort Pierce FL		City & State Fort Pierce FL	
Zip Code 34946		Zip Code 34946	
Country ST LUCIE		Country ST LUCIE	
4. EIN Number 20-8474311		Applied For Not Applicable	
5. Certificate of Status Desired		☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YOUNG, CRAIG A 436 PENINSULA DR FORT PIERCE, FL 34946		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, Print or Printed Name of Registered Agent, and Title in parentheses) (NOTE: Registered Agent signature is required when transferring)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD YOUNG, CRAIG A 436 PENINSULA DR. FORT PIERCE, FL 34946 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 149, Florida Statutes. I further certify that the information included 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 the person 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 my address, with all officers and directors.			
SIGNATURE: 		PRESIDENT 4/23/08 772-166-3760	
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
CRAIG A. YOUNG			

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