

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000074264

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: AEROSPACE QUALITY SOLUTIONS, INC.

## Current Principal Place of Business:

10809 U.S. 27 SOUTH  
SEBRING,, FL 33876 US

## New Principal Place of Business:

227 US 27 NORTH,  
CHAMBER OF COMMERCE BUILDING- SUITE 219  
SEBRING, FL 33870 US

## Current Mailing Address:

270 N. PINE ST.  
MORGANTOWN, IN 46160 US

## New Mailing Address:

227 US 27 NORTH,  
CHAMBER OF COMMERCE BUILDING- SUITE 219  
SEBRING, FL 33870 US

FEI Number: 26-3134556

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804 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: PVST ( ) Delete  
Name: SCHROEDER, TIMOTHY  
Address: 270 N. PINE ST.  
City-St-Zip: MORGANTOWN, IN 46160 US

Title: D ( ) Delete  
Name: SCHROEDER, TIMOTHY  
Address: 270 N. PINE ST.  
City-St-Zip: MORGANTOWN, IN 46160 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition  
Name: SCHROEDER, TIMOTHY A  
Address: PO BOX 7604  
City-St-Zip: SEBRING, FL 33872 US

Title: D (X) Change ( ) Addition  
Name: SCHROEDER, TIMOTHY A  
Address: PO BOX 7604  
City-St-Zip: SEBRING, FL 33872 US

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: TIMOTHY A. SCHROEDER

D

01/06/2009

Electronic Signature of Signing Officer or Director

Date