2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19813

FILED Apr 26, 2007 Secretary of State

Entity Name: NATIONAL PARACHUTE TEST CENTER INC.

Current Principal Place of Business:		New Principal Place of Business:		
	V. 111 STREE .ON, FL 34432			
Current Mailing Address:		New Mailing Address:		
	V. 111 STREET ON, FL 34432			
FEI Number	: 59-2894123	FEI Number Applied For()	FEI Number Not Applicable()	Certificate of Status Desired ()
Name and	d Address of (Current Registered Agent:	Name and Address	of New Registered Agent:
11048 S.V	S, CAROL LYN V. 130 AVENU .ON, FL 34432	E		
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
	e of Florida.	submits this statement for the լ	ourpose of changing its registere	ed office or registered agent, or both,
n the State	e of Florida. RE:	submits this statement for the pair is state		ed office or registered agent, or both, Date
n the State	e of Florida. RE: Electror			
n the State	e of Florida. RE: Electror	nic Signature of Registered Agr	ent	
n the State	e of Florida. RE: Electror mpaign Financin S AND DIREC	nic Signature of Registered Agg Trust Fund Contribution (). TORS:) Delete DBERT A JR. 0 AVENUE	ent	Date
n the State BIGNATUI Election Car OFFICER Fitle: Name: Address:	e of Florida. RE: Electron mpaign Financin S AND DIREC PD (MATHEWS, RC 11048 S.W. 13 DUNNELLON, 1	nic Signature of Registered Agr g Trust Fund Contribution (). TORS:) Delete DBERT A JR. 0 AVENUE FL) Delete UROL LYNN 0 AVENUE	ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

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: CAROL LYNN MATHEWS VTD 04/26/2007