

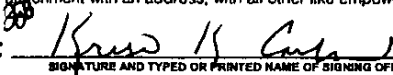


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90395 041 ***150.00

DOCUMENT # P36547 1. Entity Name NORTHWEST AEROSPACE TRAINING CORPORATION					
Principal Place of Business 2600 LONE OAK PT EAGAN, MN 55121-538 US			Mailing Address 2700 LONE OAK PKWY DEPT A4450 EAGAN, MN 55121-1534 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="font-size: 24pt; transform: rotate(-10deg);">40057534</div> 	
04102006 Chg-P CR2E034 (11/05)				4. FEI Number 41-1574347	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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-ST-ZIP	P RAINEY, TIMOTHY J 2700 LONE OAK PARKWAY SAINT PAUL, MN 551211534	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEENLAND, DOUGLAS M 2700 LONE OAK PARKWAY SAINT PAUL, MN 551211534	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANN, BERNARD L 2700 LONE OAK PARKWAY SAINT PAUL, MN 551211534	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/CFO Neal S. Cohen DEPT A4450-2700 LONE OAK PKWY EAGAN MN 55121-1534	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, RICHARD H 2700 LONE OAK PARKWAY SAINT PAUL, MN 551211534	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KRISTI K. CARLSON DEPT A4450-2700 LONE OAK PKWY EAGAN MN 55121-1534	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MILLER, MICHAEL 2700 LONE OAK PARKWAY EAGAN, MN 551211534	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MATHEWS, DANIEL B 2700 LONE OAK PARKWAY SAINT PAUL, MN 551211534	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			KRISTI K. CARLSON 4/14/06 612.726.8214		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					