

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000039738

FILED
Mar 24, 2009
Secretary of State

Entity Name: AVIATION BLADE SERVICES, INC.

Current Principal Place of Business:

51 N. HOAGLAND BLVD.
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

51 N. HOAGLAND BLVD.
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 59-3246547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STUTESMAN, DAVID M
51 NORTH HOAGLAND BLVD
KISSIMMEE, FL 34741 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: PD () Delete
Name: STUTESMAN, DAVID M.
Address: 602 RACHNA LANE, APT C
City-St-Zip: KISSIMMEE, FL 34741

Title: CEOD () Delete
Name: PETERSON, LEONARD
Address: 2482 PINE CHASE CIRCLE
City-St-Zip: SAINT CLOUD, FL 34769

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CEOD (X) Change () Addition
Name: PETERSON, LEONARD
Address: 1592 ANORADA BLVD
City-St-Zip: KISSIMMEE, FL 34744

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: LEONARD PETERSON

CEOD

03/24/2009

Electronic Signature of Signing Officer or Director

Date