2006 FOR PROFIT CORPORATION

SIGNATURE: 2

Feb 02, 2006 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # P95000072709** 02-02-2006 90028 018 ***150 00 1. Entity Name JORMAC AEROSPACE, INC. Principal Place of Business Mailing Address 13130 56TH COURT 13130 56TH COURT SUITE 604 SUITE 604 CLEARWATER, FL 33760-4018 US CLEARWATER, FL 33760-4018 US 2. Principal Place of Business Mailing Address 13190 56th Court Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 01042006 Chg-P SWETE 401 Suzre 401 City & State City & State 4. FEI Number Applied For FL 59-3339948 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired SA 33760-4029 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEVEN JOURDENAIS, JOURDENAIS, STEVEN M Street Address (P.O. Box Number is Not Acceptable) 13130 56TH COURT SUITE 604 CLEARWATER, FL 33760-4018 SUITE 401 CITYCLEARWATER 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 | am familiar with, and accept the obligations of registered agent. 30JAN06 SIGNATURE. ered agent and title d applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition MCALLESTER, MICHAEL R 13190 SLE COURT, SLETE 401 MCALLISTER, MICHAEL R NAME NAME STREET ADDRESS 787 CHERRY BROOKE COURT STREET ADDRESS CLEARWATER, FL 33760-4029 CITY-ST-ZIP TARPON SPRINGS, FL 34689 CITY-ST-ZIP TITLE VSD ☐ Delete TITLE Change ☐ Addition JOURDENAIS, STEVEN M JOURDENAIS, STEVEN M NAME NAME 13190 Stoth COURT, SHATE 401 STREET ADDRESS 11710 PALMER DRIVE STREET ADDRESS TAMPA, FL 33624 CITY-ST-ZIP CLEARWATER, FL 33760-4029 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 my address, with all other like empowered.

SOTANO6

Date

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-592-0303 x 221

Davtime Phone #

FILED