2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2006 08:00 AN Secretary of State

Daytime Phone #

DOCUMENT # P95000083391 1. Entity Name AEROMECHANICAL, INC.				Secretary of State		
5926 GULF I	Breeze Pkwy	tailing Address P.O. BOX 1199 GULF BREEZE, FL 32562				
E	O NOT WRITE I		CE	04252006 4. FEI Numb 63-082		
WINDHAM, DANIEL O 969 VESTAVIA WAY GULF BREEZE, FL 32561				DO NOT WRITE IN THIS SPACE		
	named entity submits this statement for the ions of registered agent. Signature typed or printed name of registered agent and tills	sif applicable (NOTE, Registers	ed Agent signature requ	ured when reinstating)	th, in the State of Florida. I am familiar with, and accept	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 OFFICERS AND DIRE	Election Campaign Final Trust Fund Contribution. CTORS		\$5.00 May Be Added to Fees		
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	PC WINDHAM, DANIEL O 5926 GULF BREEZE PKWY GULF BREEZE, FL 32563				(10000000000000000000000000000000000000	
NAME STREET ADDRESS CITY-ST-ZIP	TD WINDHAM, CLAIRE H 5926 GULF BREEZE PKWY GULF BREEZE, FL 32563				000000535531 05/08/06-80056-017 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, , , , , , , , , , , , , , , , , , ,			NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP		* 14				
TIPLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby indicated of the corchanged	certify that the information supplied with this I on this report or supplemental report is true operation or the receiver or trustee empowers or on an attachment with an address, with a	filing does not qualify for the ex and accurate and that my signs ad to execute this report as requ all other like empowered.	emptions contai ture shall have t ired by Chapter	ned in Chapter 119 he same legal effe 607, Florida Statula	9. Florida Statutes 1 further certify that the information of as if made under oath, that I am an officer or director es; and that my name appears in Block 10 or Block 11 if	

-, hes SANIELD. WINDHAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR