



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000000455			
1. Entity Name AIRCRAFT ADMINISTRATION AND LEASING COMPANY, INC.		Principal Place of Business 350 SW 34TH STREET FORT LAUDERDALE, FL 33315	
Mailing Address 301 WEST CAMINO GARDENS BLVD. SUITE 101 BOCA RATON, FL 33432			
DO NOT WRITE IN THIS SPACE		01062006 No Chg-P CR2E034 (11/05)	
4. FEI Number 65-0636931		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVENUE 27TH FLOOR MIAMI, FL 33131		DO NOT WRITE IN THIS SPACE	
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>			
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		0000000439115 03/01/06-80033-016 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MACHEN, JIM D. 301 EST CAMINO GARDENS BLVD, #101 BOCA RATON, FL		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Jim D. Machen 2/14/06 361-391-2442 <small>Date Daytime Phone #</small>	