


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90024 024 \*\*\*150.00

<b>DOCUMENT # P96000002839</b>	
1. Entity Name <b>CADACH AVIATION, INC.</b>	

Principal Place of Business <b>7001 N.W. 66TH STREET PARKLAND FL 33067</b>	Mailing Address <b>37532 HIDDEN VALLEY CT CLINTON TWP., MI 48036 US</b>
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2. Principal Place of Business - No P.O. Box # <b>3100 S.W. 15TH STREET</b>	3. Mailing Address <b>Suite, Apt. #, etc.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)


City & State <b>DEERFIELD BEACH FL</b>	City & State <b>City &amp; State</b>
Zip <b>33442</b>	Country <b>U.S.A.</b>

4. FEI Number <b>65-0757088</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>MANCINI, STEVEN 7001 N.W. 66TH STREET PARKLAND FL 33067</b>	
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7. Name and Address of New Registered Agent Name <b>MANCINI, STEVEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>3100 S.W. 15TH STREET</b> City <b>DEERFIELD BEACH FL</b> Zip Code <b>33442</b>	
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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  **STEVEN MANCINI** DATE **2/12/07**

Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT MANCINI, STEVEN M <input checked="" type="checkbox"/> Delete 7001 NW 66TH ST PARKLAND FL 33067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS MANCINI, LISA C <input checked="" type="checkbox"/> Delete 7001 NW 66TH ST PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT MANCINI, STEVEN M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3100 S.W. 15TH STREET DEERFIELD BEACH FL 33442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS MANCINI, Lisa C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3100 S.W. 15TH STREET DEERFIELD BEACH FL 33442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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:  **STEVEN MANCINI** DATE **2/12/07** (586) 739-5210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #