

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90040 010 ***150.00

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1. Entity Name
PROFESSIONAL AIRCRAFT ACCESSORIES, INC.



Principal Place of Business
**7035 CENTER LANE
TITUSVILLE, FL 32780 US**

Mailing Address
**1750 TYSONS BLVD., STE 1400
MC LEAN, VA 22102-4244**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042007

Chg-P

CR2E034 (12/06)

4. FEI Number

58-2294305

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BIAL, ROBERT
STREET ADDRESS 3400 LILLIAN BLVD
CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE CEO ☐ Delete
NAME CHASTAIN, THOMAS J JR
STREET ADDRESS 4694 AVIATION PARKWAY SUITE K
CITY-ST-ZIP ATLANTA, GA 303496024

TITLE V ☒ Delete
NAME FOX, JAMES
STREET ADDRESS 1750 TYSONS BLVD., SUITE 1400
CITY-ST-ZIP MC LEAN, VA 221024244

TITLE VD ☐ Delete
NAME PERSAVICH, WARREN D
STREET ADDRESS 1750 TYSONS BLVD., STE 1400
CITY-ST-ZIP MC LEAN, VA 221024244

TITLE VTS ☒ Delete
NAME LOUGH, BRADLEY T
STREET ADDRESS 1750 TYSONS BLVD., STE 1400
CITY-ST-ZIP MC LEAN, VA 221024244

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☒ Addition

TITLE VP
NAME Michael L. McDonald
STREET ADDRESS 1750 Tysons Blvd., #1400
CITY-ST-ZIP McLean, VA 22102

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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 an address, with all other like empowered.

SIGNATURE:

Michael L. McDonald

Michael L. McDonald, V.P.

4/4/07

703 478 5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #