## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

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1. Entity Name

AIRCRAFT SUPPORT GROUP, INC.



Principal Place of Business

Mailing Address

6363 TAFT ST.

6363 TAFT ST.

SUITE 205

SUITE 205

HOLLYWOOD, FL 33024

HOLLYWOOD, FL 33024



03092007

No Chg-P

CR2E034 (11/05)

4. FEt Number 65-0496167

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

HARTMAN, ERNEST 6363 TAFT ST. #205 SUITE 201 HOLLYWOOD, FL 33024

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SUITE 201 HOLLYWO	1 DOD, FL 33024		IN THIS SPACE							
the obligat	named entity submits this statement for the p tions of registered agent.	urpose of changing its register	ed office or r	egistered agent, or bo	oth, in the State of Floa	rida. I am familiar with, and accept				
SIGNATURE.	Signature, typed or printed name of registered agent and title	applicable. (NOTE: Registers	d Agent algostur	required when reinstating)	DATE					
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees								
10.	OFFICERS AND DIREC	TORS	1.46 Ast							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTMAN, ERNEST 6363 TAFT ST. #205 HOLLYWOOD, FL 33021		-							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YOUNG, DENNIS 6363 TAFT ST. #205 HOLLYWOOD, FL 33021									
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN:	THIS SP	ACE				
TITLE NAME										

12. I hereby certify that the information supplied with this filling 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 report 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 attagingent with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 9/207 305323 1666

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05/18/07-80003-017 150.00