


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000098152</b> 1. Entity Name <b>INTERNATIONAL AIRCRAFT COMPANY</b>	
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Principal Place of Business <b>7268 SE MAGELLAN LANE STUART, FL 34997</b>	Mailing Address <b>7268 SE MAGELLAN LANE STUART, FL 34997</b>
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**DO NOT WRITE IN THIS SPACE**



01072007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0882478</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

**FISHER, JOHN  
7268 SE MAGELLAN LANE  
STUART, FL 34997**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

U00000580782  
01/10/07 00000000 000 150.00

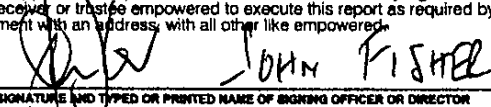
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, JOHN 7268 SE MAGELLAN LANE STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, MARLENE 7268 SE MAGELLAN LANE STUART, FL 34997
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IN THIS SPACE**

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:**  **JOHN FISHER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **01-08-07** Daytime Phone # **772.781.3957**