# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 29, 2006**
**Secretary of State**

DOCUMENT# S63547

**Entity Name:** AIRLINE MANAGEMENT CONSULTANTS, INC.

**Current Principal Place of Business:**

580 NE 55TH STREET
OCALA, FL 34479 US

**New Principal Place of Business:**

112 EAST CONCORD STREET
ORLANDO, FL 32801 US

**Current Mailing Address:**

580 NE 55TH STREET
OCALA, FL 34479 US

**New Mailing Address:**

112 EAST CONCORD STREET
ORLANDO, FL 32801 US

**FEI Number: 59-3085277** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MANUCHIA, DOUGLAS C
580 N.E. 55TH STREET
OCALA, FL 34479 US

**Name and Address of New Registered Agent:**

MANUCHIA, DOUGLAS C
112 EAST CONCORD STREET
ORLANDO, FL 32801 US

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.

SIGNATURE: _____ 01/29/2006
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: MANUCHIA, DOUGLAS C.,
Address: 580 NE 55TH STREET
City-St-Zip: ORLANDO, FL

Title: D ( ) Delete
Name: MANUCHIA, DAVID,
Address: 580 NE 55TH STREET
City-St-Zip: OCALA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: MANUCHIA, DOUGLAS C.,
Address: 112 EAST CONCORD STREET
City-St-Zip: ORLANDO, FL 32801

Title: D (X) Change ( ) Addition
Name: MANUCHIA, DAVID,
Address: 112 EAST CONCORD STREET
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS MANUCHIA D 01/29/2006
Electronic Signature of Signing Officer or Director — Date