

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S89899

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Entity Name:** AVIATION CONCEPTS, INC.

**Current Principal Place of Business:**

5259 NW 108TH AVE  
SUNRISE, FL 33351 US

**New Principal Place of Business:**

979 SHOTGUN ROAD  
SUNRISE, FL 33326 US

**Current Mailing Address:**

5259 NW 108TH AVE  
SUNRISE, FL 33351 US

**New Mailing Address:**

979 SHOTGUN ROAD  
SUNRISE, FL 33326 US

FEI Number: 65-0291228

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WOOD, DEAN J.  
5259 NW 108TH AVE  
SUNRISE, FL 33351 US

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

WOOD, DEAN J.  
979 SHOTGUN ROAD  
SUNRISE, FL 33326 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:

03/30/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WOOD, DEAN J  
Address: 13185 SPRING LAKE DRIVE  
City-St-Zip: COOPER CITY, FL 33330

I hereby 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 all other like empowered.

SIGNATURE: DEAN WOOD

MR

03/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date