


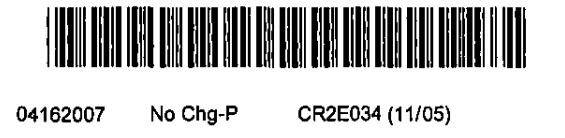
2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # 496425 1. Entity Name 94TH AERO SQUADRON OF MIAMI, INC.	
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Principal Place of Business 8191 E KAISER BLVD ANAHEIM, CA 92808	Mailing Address 8191 E KAISER BLVD ANAHEIM, CA 92808-2214
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DO NOT WRITE IN THIS SPACE



4. FEI Number 95-3062764	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE, FL 32301

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 remaining) 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 NAME STREET ADDRESS CITY-ST-ZIP	DV TALLICHET, CECILIA 8191 E. KAISER BLVD. ANAHEIM, CA 928082214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TALLICHET, JOHN 8191 E. KAISER BLVD ANAHEIM, CA 928082214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT ROYSE, BOB D 8191 E. KAISER BLVD ANAHEIM, CA 928082214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TALLICHET, CECILIA 8191 E. KAISER BLVD ANAHEIM, CA 928082214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/25/07-80052-015 150.00

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: **x** *Cecilia Tallichet VP* **4/25/07** **714-279-6900**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #