


FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90376 031 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # F94000003874

1. Entity Name
DALLAS AIRMOTIVE, INC.



40074077

Principal Place of Business
**900 NOLEN DRIVE
 SUITE A
 GRAPEVINE, TX 76051 US**

Mailing Address
**201 S. ORANGE AVE., SUITE 1100
 ATTN: BBA TAX DEPT.
 ORLANDO, FL 32801 US**



2. Principal Place of Business
 Suits, Apt. #, etc.

3. Mailing Address
 Suits, Apt. #, etc.

04252006 Chg-P CR2E034 (11/05)

4. FEI Number
75-2530158

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$850.00**

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	PDC DONLAN, JAMES P 900 NOLEN DRIVE, SUITE A GRAPEVINE, TX 76051 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO WEAVER, BRUCE 1503 PECOS DR SOUTHLAKE, TX 76092 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MURRER, GREGORY J 6 POWERHOUSE LN BOXFORD, MA 01921 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN ALLEN, BRUCE S 32245 EQUESTRIAN TRAIL SORRENTO, FL 32776 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President + CEO Hugh McELROY 201 S. ORANGE AVE, STE 1100 ORLANDO, FL 32801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP + CEO Douglas Meador 201 S. ORANGE AVE STE 1100 ORLANDO, FL 32801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 my address, with all other like empowered.

SIGNATURE: Gregory J. Murrer, Secretary **4/26/06** **781-246-8900**
Signature and typed or printed name of signing officer or director Daytime Phone #