


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90030 007 ***150.00

DOCUMENT # F9800000259
 1. Entity Name
CAE SIMUFLITE INC.



Principal Place of Business
**2929 WEST AIRFIELD DRIVE
 DALLAS/FT.WORTH AIRPORT, TX 75261**

Mailing Address
**P.O. BOX 619119
 DFW AIRPORT, TX 75261**

40035520



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

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

03022007 Chg-P CR2E034 (12/06)

City & State
 Zip Country

4. FEI Number
06-1462730

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 _____ (NOTE: Registered Agent signature required when reinstating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTS, JEFFREY 2929 WEST AIRFIELD DRIVE DALLAS/FT.WORTH AIRPORT, TX 75260	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALAIN RAQUEPAS 2929 WEST AIRFIELD DRIVE DALLAS/FT WORTH AIRPORT, TX 75260
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALLMAND, DAVID 4908 TAMPA WEST BOULEVARD TAMPA, FL 33634	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FREDERICK, G 4908 TAMPA WEST BOULEVARD TAMPA, FL 33634	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STELTER, TOM 2929 WEST AIRFIELD DR DALLAS/FT WORTH AIRPORT, TX 75261	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Tom Stelter **3/2/07** **972-48-8250**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #