


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # F98000000259

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**



04222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000947823
 06/02/08-80030-013 150.00

10. OFFICERS AND DIRECTORS

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	S ALLMAND, DAVID 4908 TAMPA WEST BOULEVARD TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FREDERICK, G 4908 TAMPA WEST BOULEVARD TAMPA, FL 33634
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	D RAQUEPAS, ALAIN 2929 W. AIRFIELD DR. DALLAS, TX 75260
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____