## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000053814

City-St-Zip:

MADISON, AL 33469

Entity Name: BARCS AERO CONSULTING, CORP

FILED May 01, 2006 Secretary of State

Entity Nan	ne: BARCS A	ERO CONSULTING, CORP.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
331 TEQUE APT 125 TEQUESTA	ESTA DR. A, FL 33469						
Current Mailing Address:			New Maili	New Mailing Address:			
331 TEQUE APT 125 TEQUESTA	ESTA DR. A, FL 33458						
FEI Number:	65-1017559	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )		
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
331 TEQUE APT. 125 TEQUESTA	A, FL 33469 l		urpose of changing i	ts registere	ed office or registered agent, or bot	th.	
in the State	of Florida.		pues el ellalligilig l	.o . o g.o.o.	ou chies of regions of agent, or set	,	
SIGNATUR						_	
	Electron	ic Signature of Registered Age	nt		Date		
Election Cam	npaign Financing	8(2)(b), F.S., the corporation did not Trust Fund Contribution ( ).	·				
OFFICERS	AND DIREC	FORS:	ADDITION	S/CHANG	ES TO OFFICERS AND DIRECT	ORS:	
Title: Name: Address: City-St-Zip:	P () BOIRUN, BARC 331 TEQUESTA TEQUESTA, FL	DR.	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	BOIRUN, ANNA 42 SOUTH FOU	Delete R SEASONS DR EACH, FL 33410	Title: Name: Address: City-St-Zip:		(X) Change()Addition NA M MRS FOUR SEASONS DR .M BEACH, FL 33410		
Title: Name: Address:	BOIRUN, SHAR	Delete ON A _ LAKE DR., APT 1114	Title: Name: Address:	S BOIRUN, S 102 FOX IS			

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

City-St-Zip:

MADISON, AL 33469

SIGNATURE: BARCLAY H BOIRUN P 05/01/2006