


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # P0000096062
 1. Entity Name
CIVIL AVIATION TRAINING SOLUTIONS, INC.



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|--|---|
| Principal Place of Business 4908 TAMPA W BLVD TAMPA, FL 33634 | Mailing Address 2929 W. AIRFIELD DRIVE P.O. BOX 619119 DALLAS, TX 75261 |
|--|---|

DO NOT WRITE IN THIS SPACE



04192007 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 65-1053380 | 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

**CT CORPORATION SYSTEM
 1200 S PINE ISLAND RD
 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, 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 | P LEONTIDIS, NICK 4908 TAMPA W BLVD TAMPA, FL 33634 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ALLMAND, DAVE 4908 TAMPA W BLVD TAMPA, FL 33634 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T FREDERICK, GLENN 4908 TAMPA W BLVD TAMPA, FL 33634 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RAQUEPAS, ALAIN 4908 TAMPA W BLVD TAMPA, FL 33634 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BENNICK, RON 4908 TAMPA WEST BLVD TAMPA, FL 33634 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 05/17/07-80012-010 158.75

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: *W. Allmand* **4-20-07** **813.887.1424**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #