

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000085284

FILED
Aug 05, 2004
Secretary of State

Entity Name: AEROSPACE TECHNOLOGIES GROUP, INC.

Current Principal Place of Business:

2009 CORPORATE DR
BOYNTON BEACH, FL 33426 US

New Principal Place of Business:

Current Mailing Address:

2009 CORPORATE DR
BOYNTON BEACH, FL 33426 US

New Mailing Address:

FEI Number: 65-0868151 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCQUINN, CLETE
2009 CORPORATE DR
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD (X) Delete
Name: ELLIOTT, WILLIAM B
Address: 1230 N OCEAN BLVD
City-St-Zip: PALM BEACH, FL 33430

Title: D () Delete
Name: KNOWLES, BYRON
Address: 5812 WHIRLWAY ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: PD () Delete
Name: MCQUINN, CLETE
Address: 14864 ENCLAVE LAKES DR T-1
City-St-Zip: DELRAY BEACH, FL 33484

Title: VPD () Delete
Name: KAY, SIMON
Address: 2009 CORPORATE DR
City-St-Zip: BOYNTON BEACH, FL 33426 US

Title: VPD (X) Delete
Name: AZIMA, FARHOOD
Address: 134 VILLA D ESTE #705
City-St-Zip: DELRAY BEACH, FL 33445

Title: D (X) Delete
Name: PATRICK, HARVEY
Address: 21583 BALTIMORE AVE
City-St-Zip: GEORGETOWN, DE 19947

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KNOWLES, BYRON
Address: 3360 ORION DRIVE
City-St-Zip: COLORADO SPRINGS, CO 80906 US

Title: PD (X) Change () Addition
Name: MCQUINN, CLETE
Address: 2009 CORPORATE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33426

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: CLETE MCQUINN

PD

08/05/2004

Electronic Signature of Signing Officer or Director

Date