2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State  AERO PRODUCTS CORPORATION  Principal Place of Business  3705 ST. JOHNS PARKWAY SANFORD FL 32771 US  PO BOX 1707 SANFORD FL 32771 US  3. Mailing Address  Suite, Apt #, etc.  Suite, Apt #, etc.  MOORE CR2E034 (11/03)  City & State  Applied For	DO011	MINIT # C100C0	EPONI (AN	-	The same	Apr 29, 2004 08:00 AM
Principal Place of Business						Secretary of State
SANFORD FL SZ771   SANFORD FL SZ772-1707   US	AERO PR	ODUCTS CORPORATION				
SANFORD FL 32771  2. PRINCIPAL PRINCIPAL SANFORD FL 32772-1707  US  Suite, Apt #, etc.						
Suite, Apt #, etc.   Suite, Apt #, etc.   MOORE   CR25034   (1)033	3705 ST. JOHNS PARKWAY SANFORD FL 32771		SANFORD FL 32772-1707		;	#
City & State  Country  Country  Special	2. Principal Place of Business		3. Mailing Address			
No. Applicate   Sq. 1897/33     Not Applicate   Sq. 1897/33     Not Applicate   Sq. 1844   Sq. 18	Suite, Apt #, etc.		Suite, Apt #, etc.			
S. Name and Address of Current Registered Agent  KRTISCHGAU, JUERGEN 3705 ST. JOHNS PARKWAY SANFORD FL 32771  City  City  City  City  City  City  City  City  FL  Zip Code  8. The above named entry submits it is statement for the purpose of changing its registered agent, or both, in the State of Piccida. Tam familiar with, and acceptable to or registered agent, or both, in the State of Piccida. Tam familiar with, and acceptable to or registered agent, or both, in the State of Piccida. Tam familiar with, and acceptable to or registered agent, or both, in the State of Piccida. Tam familiar with, and acceptable to or registered agent, or both, in the State of Piccida. Tam familiar with, and acceptable control on the control of the purpose of changing its registered agent, or both, in the State of Piccida. Tam familiar with, and acceptable control on the control of the purpose of changing its registered agent, or both, in the State of Piccida. Tam familiar with, and acceptable control on the control of the purpose of changing its registered agent, or both, in the State of Piccida. Tam familiar with, and acceptable control on the control of the cont	City & Stat	e	City & State			E0 1907226
RRITSCHGAU, JUERGEN 3705 ST. JOHNS PARKWAY SANFORD FL 32771  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 Rords. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  ### Synaure. Undo a princer rame of registered agent.    SIGNATURE	Zip	Country	Zip	Country		
RRITECHGAU, JUERGEN 3705 ST. JOHNS PARKWAY SANFORD FL 32771  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 acceptable of the colligations of registered agent.  SIGNATURE    City   FL   Zip Code		6. Name and Address of Current	Registered Agent	Name		7. Name and Address of New Registered Agent
STOP ST. JOHNS PARKWAY SANFORD FL 32771  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  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  INVESTMENT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  QUISTAFSON, MARC F  SINET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  SINET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  SINET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  NAME  SINET ADDRESS  CITY-ST-2P  TITLE  TITLE  NAME  SINET ADDR	KRITSCHGALL ILIERGEN					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signature   Indiana of registered agent and title is applicable   (NOTE. Registered Agent signature registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.    Signature   Signature   Indiana of registered agent and title is applicable   (NOTE. Registered Agent signature registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.    Signature   Signature   Indiana of registered agent.   (NOTE. Registered Agent signature registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.   (NOTE. Registered Agent signature registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.   (NOTE. Registered Agent signature registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.   (NOTE. Registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.   (NOTE. Registered agent signature registered agent, or both, in the State of Rorida. I am familiar with, and accept the problem is application of the Rorida of Rorida	3705 ST. JOHNS PARKWAY			Street	Address (I	P.O. Box Number is Not Acceptable)
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATU	0. "				·	
SIGNATURE    Symbol or protect name of registered agent.   Signature, typoid or protect name of registered agent and tipe 4 applicable   MOTE, Registered Agent agentative required when rebulative)   DATE				City		FL Z <sub>tp</sub> Code
Supparative   Injury of any permited remort of regulational properation   Injury			r the purpose of changing its r	egistered office	or register	red agent, or both, in the State of Florida. I am familiar with, and acce
### May 1, 2004 Fee will be \$550.00   Make Check Payable to Florida Department of State	SIGNATURE	Signature, lypod or printed name of registered agent	and title if applicable (NOTE,	Registered Agent sig	nature required	( when reinstating) DATE
11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   N   1	Afte	r May 1, 2004 Fee will be \$550.00	State			
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12. I hereby certify that the information supplied with this filing does not qualify 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 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:

MENY

4/22/04

**FILED**