


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 642187**  
 1. Entity Name  
 AUTOPILOT SYSTEMS, INC.



Principal Place of Business      Mailing Address  
 5755 POWERLINE ROAD      5755 POWERLINE ROAD  
 FORT LAUDERDALE, FL 33309      FORT LAUDERDALE, FL 33309

**DO NOT WRITE IN THIS SPACE**



01072004    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-1944774	Applied For Not Applicable
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5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 KENT WILLIAM A  
 5755 POWERLINE ROAD  
 FORT LAUDERDALE, FL 33309

**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, 2004 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 KENT WILLIAM A 5755 POWERLINE ROAD FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CHISLING, GARY 5755 POWERLINE RD. FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KENT, GERA 5755 POWERLINE ROAD FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000015370  
 01/28/04-80011-014 150.00

**DO NOT WRITE IN THIS SPACE**

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: *[Signature]*    W.A. KENT    1/15/04    954-772-6966  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #