


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000004257	
1. Entity Name PRESTON AVIATION SOLUTIONS PTY LTD INC.	

Principal Place of Business 100 N RIVERSIDE MC 5003-4027 CHICAGO, IL 60606 US	Mailing Address 100 N RIVERSIDE MC 5003-4027 CHICAGO, IL 60606 US
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01252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE
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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<p>000000205007 01/31/05-80027-010 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO GARGETT, PAUL D 100 N. RIVERSIDE PLAZA CHICAGO, IL 60606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEIN, ALEXANDER 100 N. RIVERSIDE PLZ CHICAGO, IL 60606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GARVEY, SARAH 100 N. RIVERSIDE PLZ CHICAGO, IL 60606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HARNETT, STEPHEN 488 VICTORIA ST RICHMOND 3121 AUSTRALIA,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT GEIKEN, GARY 100 N. RIVERSIDE PLAZA CHICAGO, IL 60606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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