2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005086

Entity Name: DELTA AIRELITE BUSINESS JETS, INC.

FILED Apr 29, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
77 COMAIF ERLANGE	R BLVD. R, KY 41018						
Current Mailing Address:				New Mailing Address:			
1030 DELTA BLVD., DEPT. 852 C/O DEAN ARVIDSON ATLANTA, GA 30354				1030 DELTA BLVD., DEPT. 852 C/O LAQUSHA SMITH ATLANTA, GA 30354			
FEI Number:	31-1103656	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:		Name and	Address of N	lew Registered Agent:	
1201 HAYS	ATION SERVIC S STREET SSEE, FL 3230						
	named entity s of Florida.	ubmits this statement for the po	urpose o	f changing i	ts registered o	ffice or registered agent, or both,	
SIGNATUR	RE:						
	Electron	ic Signature of Registered Age	nt			Date	
Election Can	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	AS () ARVIDSON, DEA 1030 DELTA BL ATLANTA, GA 3	VD #852		Title: Name: Address: City-St-Zip:	BUTT, FREDER 1030 DELTA BI	LVD #852	
Title: Name: Address: City-St-Zip:	P () GREEN, MICHA 77 COMAIR BLY ERLANGER, KY	/D.		Title: Name: Address: City-St-Zip:	()	Change ()Addition	
Title: Name: Address: City-St-Zip:	VPS () MCDONALD, BF 77 COMAIR BLV ERLANGER, KY	/D.		Title: Name: Address: City-St-Zip:	()	Change ()Addition	
Title: Name: Address: City-St-Zip:	BUTTRELL, FRE	AVENUE, SUITE 401		Title: Name: Address: City-St-Zip:	BOYD, COURT	AVENUE, SUITE 401	
Title: Name: Address: City-St-Zip:	FISHER, JEFFR	AVENUE, SUITE 401		Title: Name: Address: City-St-Zip:	AS (X) RITTER, SAND 1030 DELTA BI ATLANTA, GA	LVD DEPT 852	
Title: Name:	AT () BUCKLEY, ROB	Delete ERT J		Title: Name:	AT (X)) Change()Addition	

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.

Address:

City-St-Zip:

1030 DELTA BLVD #852

ATLANTA, GA 30354

SIGNATURE: TODD HELVIE ΑT 04/29/2004

Address:

City-St-Zip:

1030 DELTA BLVD #852

ATLANTA, GA 30354