



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F02000006156</b> 1. Entity Name AIRCRAFT FLASHLIGHTS, INC.	
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Principal Place of Business 1178 NEWBERG COURT SANFORD, FL 32771-7198	Mailing Address 1178 NEWBERG COURT SANFORD, FL 32771-7198
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<b>DO NOT WRITE IN THIS SPACE</b>
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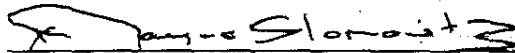
	
03022005 No Chg-P CR2E034 (10/03)	
4. FEI Number 16-1319029	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  ROMBOUGH, JOHN G SR 1178 NEWBERG COURT SANFORD, FL 32771-7198
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROMBOUGH, JOHN G SR 1178 NEWBERG COURT SANFORD, FL 32771-7198
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SLOMOVITZ, JAYNE S 89 BROOKEDGE DRIVE WILLIAMSVILLE, NY 14221
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SLOMOVITZ, JAYNE S 89 BROOKEDGE DRIVE WILLIAMSVILLE, NY 14221
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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	3-11-05 561-694-2028 Date Daytime Phone #