


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000000726 1. Entity Name PROFESSIONAL AVIATION ASSOCIATES, INC.	
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Principal Place of Business 4694 AVIATION PARKWAY, SUITE K ATLANTA, GA 30349	Mailing Address 1750 TYSONS BLVD., STE 1400 MC LEAN, VA 22102-4244
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04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1608013	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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(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. ☐

**\$5.00 May Be
Added to Fees**

U000000333209
04/26/05-80089-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHASTAIN, T.J. 8588 CANAL DRIVE JONESBORO, GA 30236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COX, JERRY E 905 OLD GREENVILLE ROAD FAYETTEVILLE, GA 30215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PERSAVICH, WARREN D 1750 TYSONS BLVD., STE 1400 MC LEAN, VA 221024244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLYNN, JOHN L 1750 TYSONS BLVD., STE 1400 MC LEAN, VA 221024244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLER, DONALD E 1750 TYSONS BLVD., STE 1400 MC LEAN, VA 221024244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS LOUGH, BRADLEY T 1750 TYSONS BLVD., STE 1400 MC LEAN, VA 221024244

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN L. FLYNN

04/21/05

(703) 478-5963

Date

Daytime Phone #