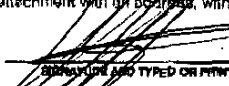


FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90177 019 ***158.75

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # F03000003781			
1. Entity Name AIRSPED AVIATION, INC.			
Principal Place of Business 111P PARKER DRIVE OZARK, AL 36360		Mailing Address 111P PARKER DRIVE OZARK, AL 36360	
2. Principal Place of Business 300 Flightline Drive Suite, Apt. #, etc. Suite 100 City & State Dothan, AL Zip 36303 Country USA		3. Mailing Address 300 Flightline Drive Suite, Apt. #, etc. Suite 100 City & State Dothan, AL Zip 36303 Country USA	
4. FEI Number 63-1236574		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent YOUR CAPITAL CONNECTION, INC. 417 E. VIRGINIA STREET, SUITE 1 TALLAHASSEE, FL 32301	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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 date if applicable (NOTE: Registered Agent signature required when renewing)		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEIN, VERNON 1833 FAIRFIELD DRIVE DOTHAN, AL 36304 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hein, Vernon 3 Holly Hill Rd Dothan, AL 36305 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YOUNG, STEPHEN A 2813 PALMYRA ROAD ALBANY, GA 31707 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Vernon Hein		4-22-04 334-983-1998	
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR		Date Daytime Phone #	

94069382



04222004 Chg-P CR2E034 (10/03)