2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001240

City-St-Zip:

Entity Name: PIEDMONT HAWTHORNE AVIATION, INC.

FILED May 04, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
1200 SW 60TH AVENUE OCALA, FL 34474			1524 W. 14TH STREET SUITE 110 TEMPE, AZ 85281	
Current Mailing Address:			New Mailing Address:	
1200 SW 60TH AVENUE OCALA, FL 34474		1524 W. 14TH STREET SUITE 110 TEMPE, AZ 85281		
FEI Number	: 56-0891470	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	current Registered Agent:	Name and Address	of New Registered Agent:
1200 SOU PLANTAT The above	PORATION SYSTEM PINE ISLATION, FL 33324 named entity of the angle of Florida.	ND ROAD US	ourpose of changing its register	ed office or registered agent, or both,
SIGNATUI				
Electronic Signature of Registered A			ent	Date
		3(2)(b), F.S., the corporation did n	ot receive the prior notice.	
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address:	PC (Delete	Title:	
City-St-Zip:	HARTON, T. DE 3821 N. LIBER WINSTON-SAL	TY STREET	Name: Address: City-St-Zip:	() Change () Addition
City-St-Zip: Fitle: Name: Address:	HARTON, T. DE 3821 N. LIBER' WINSTON-SAL	EAN TY STREET EM, NC 27105 Delete TEVEN P TY STREET	Name: Address:	() Change () Addition () Change () Addition
	HARTON, T. DE 3821 N. LIBER WINSTON-SAL STD (LEVESQUE, ST 3821 N. LIBER WINSTON-SAL	EAN TY STREET EM, NC 27105 Delete EVEN P TY STREET EM, NC 27105 Delete QUERITE TY STREET	Name: Address: City-St-Zip: Title: Name: Address:	

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.

City-St-Zip:

TEMPE, AZ 85281

SIGNATURE: DAN ALLEN AS 05/04/2005