²⁰⁰⁵ FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2005 08:00 AM Secretary of State

DOCUMENT # F93237 1. Enlity Name ZELEY AVIATION, INC.			Secretary of Sta
8010 N UNIVERSITY DR 2ND FLOOR	Mailing Address 8010 N UNIVERSITY DR 2ND FLOOR TAMARAC, FL 33321	· · · · · · · · · · · · · · · · · · ·	
DO NOT WRITE I	N THIS SPA	CE	03152005 No Chg-P CR2E034 (10/03) 4. FEI Number
6. Name and Address of Current Reg LETTMAN, ROBERT D. 8010 N UNIVERSITY DR, 2ND FLOOR TAMARAC, FL 33321	istered Agent		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and its		ed office or register	ared agent, or both, in the State of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida.
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing \$5.	.00 May Be ded to Fees
10. OFFICERS AND DIRI TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Ectors		000000270412 03/21/05-80006-008 150.00
NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE

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 supplied 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/05 954-720-055-Date Daytime Phone #

IN THIS SPACE