


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000004334	
1. Entity Name AIRCRAFT ACQUISITIONS, INC.	

Principal Place of Business PO BOX 2951 DURHAM, NC 27715	Mailing Address PO BOX 2951 DURHAM, NC 27715
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DO NOT WRITE IN THIS SPACE



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number 56-1702741	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

STAEHLE, RUTH
2480 TREASURE ISLE DR
PALM BEACH GARDENS, FL 33410

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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 _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP BEW LIU, DEBORAH A 500 N DUKE ST #53-301 DURHAM, NC 27701
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DV BAKER, DOUGLAS 1401 COMMERCE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DS BEW, DWIGHT DAVID 2480 TREASURE ISLE DR PALM BCH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DVT STAEHLE, RUTH S 2480 TREASURE ISLE DR PALM BCH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DV LIU, DAVID U 500 N DUKE STREET #53-301 DURHAM, NC 277012057
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

U00000363430
05/05/05-80159-014 150.00

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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:  4/28/05 919-493-6200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #