2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 06, 2004_08:00 AN Secretary of State

| ANNUAL REPORT | | | | Mar 00, 2004 00;00 |
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| DOCUMENT # GX 1928 1. Entity Name RED BIRD AIRCRAFT, INC. | | | | Secretary of State |
| Principal Place of Business Mailing Address | | | · <u> </u> | |
| 972 Ea | gle Drive | 25 WEST FLAGLER ST | | |
| Box 92 | | #900 Miami, FL 33130 US | | |
| Avon, | Colorado 81620 | | | |
| | | | | |
| | | | | 01082004 No Chg-P CR2E034 (10/03) |
| D | O NOT WRITE | IN THIS SPA | CE | 4. FEI Number Applied For |
| | | | | 59-2294041 Not Applicable |
| | The second secon | | | 5. Certificate of Status Desired Fee Required |
| 6. Name and Address of Current Fingistered Agent | | | | , |
| SILVERMAN, GERALD | | | | DO NOT WRITE |
| 25 WEST FLÄGLER ST #900 | | | | |
| MIAMI, FL 33130 | | | | 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. | | | | |
| S(GNATURE | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE The property of the printed of the printed agent and title if applicable. | | | | |
| After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. | | | .00 May Be sed to Fees | |
| 10. | OFFICERS AND D | RECTORS | | |
| YITLE NAME | P LANHAM, ARTHUR G. | | | |
| STREET ADDRESS | 0972 EAGLE DR-EAGLE-VAIL | | | |
| CITY-ST-ZIP | AVON, CO | and the state of t | <u>.</u> | U00000078624 |
| TITLE MAME | | | | 000000078624 03/08/04-80033-010 150.00 |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | <u> </u> | | |
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| CITY-ST-ZIP | | | | DO NOT WRITE |
| TITLE | | | | IN THIS SPACE |
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| TITLE | | | 1 | |
| NAME STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | addition to the company of the contract of the |
| TITLE | | | 1 | |
| NAME CYDEET LOCATED | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | |
| _ | certify that the information supplied with | his filing does not qualify for the ex | emption stated in S | ection 119.07(3)(i), Florida Statutes. I further certify that the information |
| 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. | | | | |
| changed | i, or on an attachment with an address, w | en all other like empowered. | | - TT/ |

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: