



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90363 024 \*\*\*150.00

<b>DOCUMENT # H34600</b> 1. Entity Name <b>CDCB AVIATION, INC.</b>					
Principal Place of Business <b>ONE INDEPENDENT DRIVE SUITE 2000 JACKSONVILLE, FL 32202 US</b>			Mailing Address <b>ONE INDEPENDENT DRIVE SUITE 2000 JACKSONVILLE, FL 32202 US</b>		
2. Principal Place of Business <b>841 PRUDENTIAL DRIVE</b> Suite, Apt. #, etc. <b>SUITE 1400</b> City & State <b>JACKSONVILLE FL</b> Zip Country <b>32207 US</b>		3. Mailing Address <b>c/o VANCE BERRY</b> <b>841 PRUDENTIAL DRIVE</b> Suite, Apt. #, etc. <b>SUITE 1400</b> City & State <b>JACKSONVILLE FL</b> Zip Country <b>32207 US</b>			
03302004 Chg-P CR2E034 (10/03)				4. FEI Number <b>59-2475000</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>BERRY VANCE, JAMES I JR ONE INDEPENDENT DRIVE SUITE 2000 JACKSONVILLE, FL 32202</b>					
7. Name and Address of New Registered Agent Name <b>JAMES I. VANCE BERRY, JR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>841 PRUDENTIAL DRIVE</b> <b>SUITE 1400</b> City <b>JACKSONVILLE</b> <b>FL</b> Zip Code <b>32207</b>					
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 <u>James I. Vance Berry, Jr.</u> DATE <u>3/31/04</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <input type="checkbox"/> Delete <b>BERRY VANCE, JAMES I JR ONE INDEPENDENT DRIVE, SUITE 2000 JACKSONVILLE, FL 32202</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete <b>BERRY, CLARE 113 LINKSIDE CIRCLE PONTE VEDRA BEACH, FL 32082</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>841 PRUDENTIAL DRIVE, SUITE 1400 JACKSONVILLE, FL 32207</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 lines empowered.					
SIGNATURE: <u>James I. Vance Berry, Jr., Pres.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3/31/04 904-348-6858 <small>Date Daytime Phone #</small>	

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