


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90121 035 ***550.00

DOCUMENT # H34876	
1. Entity Name CHANDELLE AVIATION CORPORATION, LIMITED	

Principal Place of Business 471 VENUS DRIVE NORTH PALM BEACH, FL 33408	Mailing Address 471 VENUS DRIVE #12 NORTH PALM BEACH, FL 33408
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 3696 Suite, Apt. #, etc.
City & State 	City & State Boynton Beach, FL
Zip 	Country USA

49083566



09012004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent DAVIES, GERALD 471 VENUS DRIVE BOYNTON BEACH, FL 33435		7. Name and Address of New Registered Agent Name Sommer Jeffries Street Address (P.O. Box Number is Not Acceptable) 200 Aviation Dr. Suite 1 City Naples FL 34104	
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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 *Sommer Jeffries* DATE 9-1-04

Signature, typed or printed name of registered agent and if not applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIES, GERALD 471 VENUS DRIVE JUNO BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD John C. Clegg 6116 NW Snook Ct Port St. Lucie, FL 34983 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Rudi Deckers 178 Topanga Drive Bonita Springs, FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 like empowered.

SIGNATURE: *[Signature]* DATE 9/1/04 239-229-4433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR