2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J81428

City-St-Zip: NICEVILLE, FL 32578

FILED Apr 27, 2005 Secretary of State

Entity Na	me: TEPPER	AVIATION, INC.			
Current P	rincipal Place	of Business:	New Principal Place o	New Principal Place of Business:	
FAIRCHILID ROAD CRESTVIEW, FL 32539 US			5486 FAIRCHILID ROA CRESTVIEW, FL 3253		
Current M	lailing Addres	s:	New Mailing Address	New Mailing Address:	
P.O. BOX CRESTVIE	100 EW, FL 32536	US			
FEI Number	: 59-2821261	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address of	New Registered Agent:	
RICE, DALE E. 215 HWY 90 E. CRESTVIEW, FL 32536 US				CHESSER, MICHAEL D 1201 N EGLIN PARKWAY SHALIMAR, FL 32579 US	
The above in the State	named entity s e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE: MICHAEL D. CHESSER				04/27/2005	
	Electron	ic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () HILL, JAYNA L 606 REGATTA I NICEVILLE, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete SHANKLIN, CHARLES R 1763 OSPREY COVE D: NICEVILLE, FL 32578		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	OWEN, JACK 9TH STREET	Delete RINGS, FL	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () OWENS, BOBB 1047 TALLOKA CRESTVIEW, F	S	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	ST () PETTY, GRACII 1020 ALDERW		Title: Name: Address:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JAYNA L. HILL P 04/27/2005