


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2005 8:00 am
Secretary of State

08-24-2005 90060 001 ***550.00
08-24-2005 90060 002 *****8.75

DOCUMENT # M34108 1. Entity Name MARIS WORDEN AEROSPACE, INC.	
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Principal Place of Business 222 NORTH CARMEL COURT VERO BEACH, FL 32963 US	Mailing Address P.O. BOX 8065 VERO BEACH, FL 32963 US
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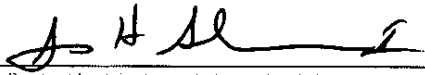


2. Principal Place of Business 660 U.S. HIGHWAY #1 SUITE 300 NORTH PALM BEACH, FL 33408 U.S.A.	3. Mailing Address 660 U.S. HIGHWAY #1 SUITE 300 NORTH PALM BEACH FL 33408 USA
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08192005	Chg-P	CR2E034 (10/03)
4. FEI Number 59-2689000	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FLEMING, HAILE & SHAW, P.A. 11760 US HWY. 1, #300 N. PALM BCH., FL 33408
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7. Name and Address of New Registered Agent JAMES H. SCHWARTZ II HAILE, SHAW & PFAFFEN BERGER, P.A. 660 U.S. HIGHWAY 1, SUITE 300 NORTH PALM BEACH FL 33408

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 JAMES H. SCHWARTZ II <small>Signature, typed or printed name of registered agent and title if applicable.</small>
 <small>(NOTE: Registered Agent signature required when reinstating)</small>
DATE 8/22/05

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	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 PSD	<input checked="" type="checkbox"/> Delete	TITLE PRESIDENT/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WORDEN, ALFRED M.		NAME MARIS, JULIA A.	
STREET ADDRESS 222 N CARMEL COURT		STREET ADDRESS 660 U.S. HIGHWAY 1, SUITE 300	
CITY-ST-ZIP VERO BEACH, FL 32963		CITY-ST-ZIP NORTH PALM BEACH, FL 33408	
TITLE DCT	<input checked="" type="checkbox"/> Delete	TITLE VICE PRESIDENT/TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARIS, JOHN M.		NAME MARIS, JOHN M.	
STREET ADDRESS 222 N CARMEL COURT		STREET ADDRESS 660 U.S. HIGHWAY 1, SUITE 300	
CITY-ST-ZIP VERO BEACH, FL 32963		CITY-ST-ZIP NORTH PALM BEACH, FL 33408	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **JULIA A. MARIS** **JULIA A. MARIS August 19, 2005**



Attorneys at Law

ATTACHMENT

66026277

660 U.S. Highway One Third Floor
North Palm Beach, Florida 33408
561.627.8100 Fax: 561.622.7603

249 Royal Palm Way
Suite 501

Palm Beach, Florida 33480

561.833.5600 Fax: 561.833.5604

Reply to: North Palm Beach
Writer's Email: jkrauss@hsplaw.com

hsplaw.com

August 22, 2005

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32304
Attn: Reinstatements

Re: Maris Worden Aerospace, Inc.
Document No.: M34108
Our File No. M179.001

Dear Sir or Madam:

Enclosed for filing with your office is the Annual Report for the captioned entity. Also enclosed are two checks, one in the amount of \$550.00 and the other in the amount of \$8.75.

Please proceed with the reinstatement of this entity and provide Certificate of Status. If there is a problem in complying with this request, please contact me immediately.

Sincerely,

HAILE, SHAW & PFAFFENBERGER, P.A.

By: 

Julie N. Krauss, Legal Assistant

/jnk
enclosures