

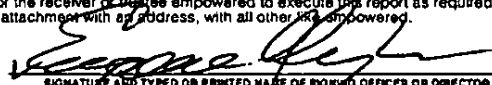


FILED  
Apr 18, 2005 8:00 am  
Secretary of State

04-18-2005 90262 032 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|   |   |   |   |
|---|---|---|---|
| <b>DOCUMENT # P00000000497</b>  |   |    |   |
| 1. Entity Name<br><b>BRISTOW ELECTRONICS, INC.</b>  |   |   |   |
| Principal Place of Business<br><b>819 S WALNUT ST<br/>STARKE, FL 32091</b>  |   | Mailing Address<br><b>819 S WALNUT ST<br/>STARKE, FL 32091</b>  |   |
| 2. Principal Place of Business  |   | 3. Mailing Address  |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   |
| City & State  |   | City & State  |   |
| Zip   | Country   | Zip   | Country   |
| 03102005  |   | Chg-P   | CR2E034 (10/03)   |
| 4. FEI Number<br><b>59-3815684</b>  |   | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | \$8.75 Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent   |   | 7. Name and Address of New Registered Agent   |   |
| <b>DRUMMAN, EA, DONALD L<br/>103 EDWARDS ROAD<br/>STARKE, FL 32091</b>  |   | Name <b>DRUMMAN, EA, DONALD L.</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>263 N. TEMPLE AVENUE</b><br>City <b>STARKE</b> FL Zip Code <b>32091</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.<br>SIGNATURE  DATE <b>3/10/05</b><br><small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when relinquishing)</small>  |   |   |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees  |   |
| 10. OFFICERS AND DIRECTORS  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>GRYB, EUGENE<br>610 SW 188 TERRACE<br>GAINESVILLE, FL 32607 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>GRYB, ALTHEA<br>610 SW 86 TERRACE<br>GAINESVILLE, FL 32607 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 officers empowered. |   |   |   |
| SIGNATURE:   |   | Date <b>3-11-05</b> Daytime Phone # <b>904-964-4743</b>   |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR</small>   |   | <small>Date Daytime Phone #</small>   |   |