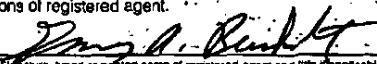
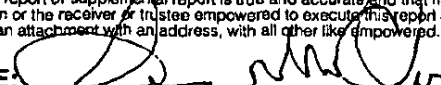


FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90089 044 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000047072			
1. Entity Name FAIRFAX AIRCRAFT ASSOCIATES, INC.			
Principal Place of Business 3511 MUSCADINE LANE BONITA SPRINGS, FL 34134-1915		Mailing Address 3511 MUSCADINE LANE BONITA SPRINGS, FL 34134-1915	
2. Principal Place of Business 33430 Camino Piedra Roja		3. Mailing Address 33430 Camino Piedra Roja	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Temecula CA		City & State Temecula, CA	
Zip 92592		Country	
4. FEI Number 54-1600010		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ORR, GERALD W 3511 MUSCADINE LANE BONITA SPRINGS, FL 34134-1915		7. Name and Address of New Registered Agent Gary A. Bucholtz 2831 Ringling Blvd #119E Sarasota FL 34237-5355	
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  DATE 2/23/07 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORR, GERALD W 3511 MUSCADINE LANE BONITA SPRINGS, FL 341341915 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 33430 Camino Piedra Roja Temecula CA 92592
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORR, MERCEDES M 3511 MUSCADINE LANE BONITA SPRINGS, FL 341341915 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 33430 Camino Piedra Roja Temecula, CA 92592
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		03/01/07 (909)302-3016	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	