

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P01000023804

1. Entity Name

COMET AEROSPACE, INC



**FILED
Apr 20, 2005 8:00 am
Secretary of State**

04-20-2005 90319 031 ***150.00

50039170



1st MOORE CR2E034 (10/04)

Principal Place of Business 1100 S FEDERAL HWY, SUITE 4 BOYNTON BEACH FL 33435		Mailing Address 1100 S FEDERAL HWY, SUITE 4 BOYNTON BEACH FL 33435	
2. Principal Place of Business <u>831 NW 1ST STREET</u>		3. Mailing Address <u>831 NW 1ST STREET</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>FT. LAUDERDALE FL</u>		City & State <u>FT. LAUDERDALE FL</u>	
Zip <u>33311</u>	Country <u>Broward</u>	Zip <u>33311</u>	Country <u>Broward</u>
6. Name and Address of Current Registered Agent HOUSE, PATRICK 1100 S FEDERAL HWY, SUITE 4 BOYNTON BEACH FL 33435			
7. Name and Address of New Registered Agent Name <u>House, Patrick</u> Street Address (P.O. Box Number is Not Acceptable) <u>831 NW 1ST STREET</u> City <u>FT. LAUDERDALE</u> Zip Code <u>FL 33311</u>			

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
10. OFFICERS AND DIRECTORS		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE <u>PD</u> <input type="checkbox"/> Delete NAME <u>HOUSE, PATRICK</u> STREET ADDRESS <u>1100 S FEDERAL HWY, SUITE 4</u> CITY-ST-ZIP <u>BOYNTON BEACH FL 33435</u>	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE <u></u> <input type="checkbox"/> Delete NAME <u></u> STREET ADDRESS <u></u> CITY-ST-ZIP <u></u>	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE <u></u> <input type="checkbox"/> Delete NAME <u></u> STREET ADDRESS <u></u> CITY-ST-ZIP <u></u>	
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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:

Patrick House PATRICK HOUSE 04-1505 561-436-9745

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #