
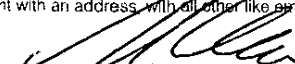


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90023 036 \*\*\*150.00

<b>DOCUMENT # P02000058221</b> 1. Entity Name <b>NORDIC AVIATION, INC.</b>					
Principal Place of Business <b>4134 GULF OF MEXICO DRIVE SUITE 302 LONGBOAT KEY, FL 34228</b>			Mailing Address <b>4134 GULF OF MEXICO DRIVE SUITE 302 LONGBOAT KEY, FL 34228</b>		
2. Principal Place of Business <b>28100 US Hwy 19 N</b> Suite, Apt. #, etc. <b>307</b>			3. Mailing Address Suite, Apt. #, etc. <b>SAME</b>		
City & State <b>Clearwater FL</b>			City & State <b>SAME</b>		
Zip <b>33761</b>		Country <b>FL</b>		4. FEI Number <b>03-0456191</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>NIELSEN, MARTIN M 4500 140TH AVE N SUITE 121 CLEARWATER, FL 33762</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>28100 US Hwy 19 N Ste 307</b> City <b>Clearwater</b> <b>FL</b> Zip Code <b>33761</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:  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>NIELSEN, MARTIN M 4500 140TH AVE N SUITE 121 CLEARWATER, FL 33762</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>28100 US Hwy 19 N Ste 307 Clearwater, FL 33761</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 like empowered.					
<b>SIGNATURE:</b>  <b>MARTIN M. NIELSEN</b> <b>3/16/04</b> <b>723 2551</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					

**94030465**



02282004 Chg-P CR2E034 (10/03)