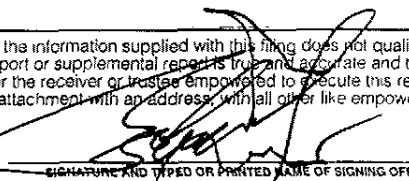


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000105554		
1. Entity Name AIRCRAFT TUBULAR COMPONENTS, INC.		
Principal Place of Business 3939 DOW ROAD MELBOURNE, FL 32934	Mailing Address 3939 DOW ROAD MELBOURNE, FL 32934	 02232005 No Chg-P CR2E034 (10/03) 4. FEI Number 11-3120031 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESERACH LTD, INC. 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301		
DO NOT WRITE IN THIS SPACE		
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 reissuing) DATE _____ signature, typed or printed name of registered agent and title if applicable		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CP SIMON, RODNEY 3939 DPW ROAD MELBOURNE, FL 32934	U00000245207 02/28/05-80018-003 150.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VCVT SIMON, JEFFREY 3939 DOW ROAD MELBOURNE, FL 32934	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD SIMON, ROBERT 3939 DOW ROAD MELBOURNE, FL 32934	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS 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 reports 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: 		Date 2/26/05 Daytime Phone # 321-757-9020