

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000106413

FILED
Apr 30, 2004
Secretary of State

Entity Name: PYRAMID AIR SOLUTIONS, INC.

Current Principal Place of Business:

15 N WASHINGTON STREET
ROCKY HILL, CT 06067

New Principal Place of Business:

15 N WASHINGTON STREET
PLAINVILLE, CT 06062

Current Mailing Address:

P.O. BOX 1728
MERRITT ISLAND, FL 32954

New Mailing Address:

FEI Number: 16-1631021 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
255 SOUTH ORANGE AVE., 17TH FLOOR
ORLANDO, FL 32801

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LAFERRIERE, DEREK
Address: 55 RIDGEVIEW DR.
City-St-Zip: E. HAMPTON, CT

Title: D () Delete
Name: MARTIN, DANIEL C JR.
Address: 7 FLORENCE LANE
City-St-Zip: PLAINVILLE, CT 06062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEREK A. LAFERRIERE

CEO

04/30/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date