2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000125375

Entity Name: AIRBORNE CAMERA SYSTEMS, INC.

FILED Apr 29, 2004 Secretary of State

Current Principal Place of 102 WATERWAY RD ROYAL PALM BEACH, FL		New Principal Place of	Business:	
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
102 WATERWAY RD ROYAL PALM BEACH, FL	33411	P.O. BOX 20516 WEST PALM BEACH, FL	. 33416	
FEI Number: 02-0662162	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Cu	rrent Registered Agent:	Name and Address of N	ew Registered Agent:	
BOSWORTH, BARRY D 1000 PASEO CASTALLA WEST PALM BEACH, FL	33405 US			
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	t	Date	

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition BOSWORTH, BARRY D BOSWORTH, BARRY D Name: Name: 102 WATERWAY RD Address: 1000 PASEO CASTALLA Address: City-St-Zip: ROYAL PALM BEACH, FL 33411 City-St-Zip: WEST PALM BEACH, FL 33405 Title: VΡ () Delete Title: () Change () Addition

Name:ARMSTRONG, CARL EName:Address:102 WATERWAY RDAddress:City-St-Zip:WEST PALM BEACH, FL 33411City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

Name:GILLETTLE, CHRIS RName:GILLETTLE, CHRIS RAddress:398 KNOTTY WOOD LANEAddress:17069 GULF PINE CIRCLECity-St-Zip:WEST PALM BEACH, FL 33414City-St-Zip:WELLINGTON, FL 33414

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: BARRY D. BOSWORTH P 04/29/2004