

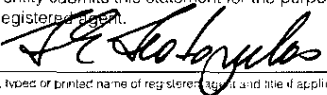
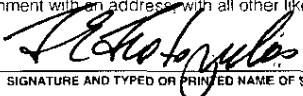


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90737 004 ***158.75

DOCUMENT # P03000083856 1. Entity Name AIRSCAN AVIATION SERVICES, INC.																													
Principal Place of Business 707 N FRANKLIN STREET STE 725 TAMPA, FL 33602			Mailing Address 707 N FRANKLIN STREET STE 725 TAMPA, FL 33602																										
2. Principal Place of Business 7030 CENTER LANE Suite, Apt. #, etc.		3. Mailing Address 7030 CENTER LANE Suite, Apt. #, etc.																											
City & State TITUSVILLE, FL		City & State TITUSVILLE, FL		4. FEI Number 65-1202783																									
Zip 32780		Country BREVARD		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent FOTOPULOS, THOMAS E 707 N FRANKLIN STREET STE 725 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name THOMAS E. FOTOPULOS Street Address (P.O. Box Number is Not Acceptable) 7030 CENTER LANE City TITUSVILLE FL 32780																									
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  THOMAS E. FOTOPULOS 4/29/04 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FOTOPULOS, THOMAS E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>707 N FRANKLIN STREET STE 725</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33602</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	FOTOPULOS, THOMAS E		STREET ADDRESS	707 N FRANKLIN STREET STE 725		CITY-ST-ZIP	TAMPA, FL 33602		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">P, D</td> <td style="width:30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>THOMAS E. FOTOPULOS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7030 CENTER LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TITUSVILLE, FL 32780</td> <td></td> </tr> </table>			TITLE	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	THOMAS E. FOTOPULOS		STREET ADDRESS	7030 CENTER LANE		CITY-ST-ZIP	TITUSVILLE, FL 32780	
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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:  THOMAS E. FOTOPULOS 4/29/04 (321)268-9922 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													