

2005 FOR PROFIT CORPORATION ANNUAL REPORT


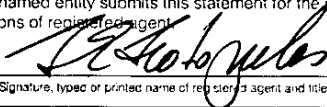
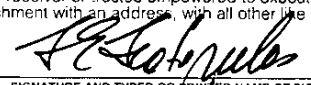
FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90080 048 ***158.75

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03102005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000083856					
1. Entity Name AIRSCAN AVIATION SERVICES, INC.					
Principal Place of Business 7030 CENTER LANE TITUSVILLE, FL 32780			Mailing Address 7030 CENTER LANE TITUSVILLE, FL 32780		
2. Principal Place of Business 3505 Murrell Road Suite, Apt. #, etc.		3. Mailing Address 3505 Murrell Road Suite, Apt. #, etc.			
City & State Rockledge, FL Zip 32955		City & State Rockledge, FL Zip 32955		4. FEI Number 65-1202783 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		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 7030 CENTER LANE TITUSVILLE, FL 32780			7. Name and Address of New Registered Agent Name Thomas E. Fotopulos Street Address (P.O. Box Number is Not Acceptable) 3505 Murrell Road City Rockledge FL Zip Code 32955		
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 3/24/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOTOPULOS, THOMAS E 7030 CENTER LANE TITUSVILLE, FL 32780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Thomas E. Fotopulos 3505 Murrell Road Rockledge, FL 32955 <input checked="" 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	SD John W. Mansur 3505 Murrell Road Rockledge, FL 32955 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Victoria Mansur 3505 Murrell Road Rockledge, FL 32955 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Walter F. Holloway 3505 Murrell Road Rockledge, FL 32955 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. SECRETARY NANCY L. GIBBONS 3505 MURRELL ROAD ROCKLEDGE, FL 32955 <input type="checkbox"/> Change <input checked="" 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.					
SIGNATURE:  THOMAS E. FOTOPULOS 3/24/05 (321) 631-0005		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #			