


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90072 012 ***158.75

DOCUMENT # P04000063110 1. Entity Name CENTERLINE AEROSPACE, INC.																													
Principal Place of Business 3001 S OCEAN BLVD APT 8V HOLLYWOOD, FL 33010			Mailing Address 2001 S OCEAN BLVD APT 8V HOLLYWOOD, FL 33010																										
2. Principal Place of Business 7391 OAKBORO DRIVE Suite, Apt. #, etc. LAKE WORTH City & State FLORIDA Zip 33467			3. Mailing Address 7391 OAKBORO DRIVE Suite, Apt. #, etc. LAKE WORTH City & State FLORIDA Zip 33467																										
Country USA			4. FEL Number 13-4282438																										
Applied For Not Applicable			5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																										
6. Name and Address of Current Registered Agent GAYNES, DAVID ESQUIRE 2736 MISTY OAKS CIR ROYAL PALM BEACH, FL 33411				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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 <i>David M. Gayne</i> DATE 3/15/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BARNETT, ROBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3001 S OCEAN BLVD APT 8V</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HOLLYWOOD, FL 33010</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	BARNETT, ROBERT		STREET ADDRESS	3001 S OCEAN BLVD APT 8V		CITY-ST-ZIP	HOLLYWOOD, FL 33010		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">7391 OAKBORO DRIVE</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>LAKE WORTH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>FLORIDA</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>33467-7502</td> <td></td> </tr> </table>			TITLE	7391 OAKBORO DRIVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	LAKE WORTH		STREET ADDRESS	FLORIDA		CITY-ST-ZIP	33467-7502	
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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: <i>Robert Barnett</i> ROBERT BARNETT 3/15/05 (54) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													

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