FOR PROFIT CORPORATION WHFORM BUSINESS REPORT (UBR)

DOCUMENT # P15121

1. Entity Name

M.G. AVIATION, INC.



FILED

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SECRITARY OF STATE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Bus	iness	3. Mailing Address		Definite Tatemen	1 27 M
Suite, Apt. #, etc.	168	Suite, Apt. #, etc.	U. BUX /6/	DE DO NOTWAITE IN THE	S SPACE Q .2
City & State ASHLA	AND, KY	City & State ASHLA	ND, KY	4. FEI Number 61-0941457	Applied For Not Applicable
.Zip 41101	Country BOYD	Zip 41105	Country BOYD	5. Certificate of Status Desired	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

DU.	10		
	7. Name and Address of Current	Registered A	gent
Name	MORRIS L. GRIFFITHS		
Street A	Address (P.O. Box Number is Not Acceptable	;)	
	6995 NOVA ROAD		
City	ST. CLOUD	FL	Zip Code 32769

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 wit	th, and accept
	the obligations of registered agent.	

SIGNATURE
Signature, typed or printed name of repistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of \$1

Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORRIS L. GRIFFITHS 1931 GREEN SPRINGER ROAD ASHLAND, KY 41102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700028662867 02/12/04-01038-030 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT ELIZABETH HALL 1915 WILSHIRE BLVD ASHLAND, KY 41101	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME. STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	•

12. Thereby certify that the information supplied with this ifling 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 hystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all offer like empowered.

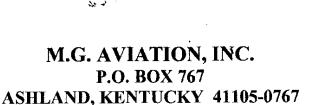
SIGNATURE:

MORRIS L. GRIFFITHS

02-03-04

(606) 739-5139

Daytime Phone #



(606) 739-5139

October 13, 2003

Division of Corporations

Annual Report/Reinstatement Section

P.O. Box 6327

Tallahassee, FL 32614.6327

Re: 2003 Annual Filing Report, Record # P15121

We did not receive the Annual Filing Report nor did we receive the second notice.

We are enclosing a Check in the amount of \$158.75 to cover the annual filing fee, plus \$8.75 for a Certificate of Status.

Please waive the late filing and reinstatement fees.

Yours truly,

Morris L. Griffiths

President.