2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2005
Secretary of State

DOCUMENT# P16878

Entity Name: AVIATION CONSTRUCTORS, INC.

Current Principal Place of Business:

601 N. ASHLEY DRIVE - SUITE 1100
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

601 N. ASHLEY DRIVE - SUITE 1100
TAMPA, FL 33602 US

New Mailing Address:

FEI Number: 58-1742184 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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 — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	T	( ) Delete
Name:	HARBOUR, KENNETH	
Address:	1281 FULTON IND. BLVD., NW	
City-St-Zip:	ATLANTA, GA 30336	
Title:	P	( ) Delete
Name:	CARDINAL, FRANCIS A	
Address:	6123 DONEGAL DRIVE	
City-St-Zip:	ORLANDO, FL 32819	
Title:	D	( ) Delete
Name:	CLEVELAND, J R SR	
Address:	670 ATLANTA COUNTRY CLUB	
City-St-Zip:	MARIETTA, GA 30067	
Title:	D	( ) Delete
Name:	MELLON, BILL	
Address:	1281 FULTON IND. BLVD., NW	
City-St-Zip:	ATLANTA, GA 30336	
Title:	S	( ) Delete
Name:	HOFFMAN, CHRISTINE	
Address:	10748 HIGH CREST COURT	
City-St-Zip:	HOWEY IN THE HILLS, FL 34737	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: CHRISTINE HOFFMAN S 06/13/2005

Electronic Signature of Signing Officer or Director — Date