2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2005 8:00 am Secretary of State DOCUMENT # P92000007251 1. Entity Name AIRCRAFT ENGINE WORKS, INC. 04-27-2005 90307 030 ***150.00 Principal Place of Business Mailing Address 1840 ST JOHNS BLUFF RD S 1840 ST JOHNS BLUFF RD S JACKSONVILLE, FL 32246 JACKSONVILLE, FL 32246 04222005 CR2E034 (10/03) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3160370 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LETTOW, RONNIE DO NOT WRITE 1840 ST JOHNS BLUFF RD SOUTH JACKSONVILLE, FL 32246 IN THIS SPACE 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. 7 . ! SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME LETTON, RONNIE F 1840 ST JOHNS BLUFF RD. S. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITI F IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 reporter 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 expowered 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, withful other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-05

504 645 0618

Daytime Phone #

FILED