2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# P94000011012

Entity Name: FLIGHT AVIONICS OF NORTH AMERICA, INC.

Current Principal Place of Business:

520 VIRGINIA DRIVE
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

520 VIRGINIA DRIVE
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 59-3248236 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLSEN, BRUCE
520 VIRGINIA DRIVE
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

OLSON, BRUCE
520 VIRGINIA DRIVE
ORLANDO, FL 32803 US

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: BRUCE OLSON 04/29/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: BARMAN, JOHN
Address: 520 VIRGINIA DRIVE
City-St-Zip: ORLANDO, FL 32803

Title: D ( ) Delete
Name: PARRETT, JOHN
Address: 520 VIRGINIA DRIVE
City-St-Zip: ORLANDO, FL 32803

Title: TSD ( ) Delete
Name: OLSON, BRUCE
Address: 520 VIRGINIA DRIVE
City-St-Zip: ORLANDO, FL 32803

Title: P ( ) Delete
Name: EICHER, DEBORAH
Address: 520 VIRGINIA DRIVE
City-St-Zip: ORLANDO, FL 32803

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: P (X) Change ( ) Addition
Name: CAMPBELL, DEBORAH
Address: 520 VIRGINIA DRIVE
City-St-Zip: ORLANDO, FL 32803

Title: D ( ) Change (X) Addition
Name: CHIRA, LEE
Address: 520 VIRGINIA DRIVE
City-St-Zip: ORLANDO, FL 32803

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: BRUCE OLSON SECR 04/29/2004
Electronic Signature of Signing Officer or Director Date