

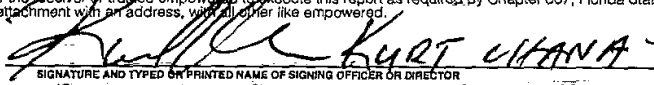


Jul 20,
Sec

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000011319			
1. Entity Name KSC AIRCRAFT SALES & LEASING, INC.			
Principal Place of Business 865 NORTH S.R. 434 SUITE 1000 ALTAMONTE SPRINGS, FL 32714 US	Mailing Address 865 NORTH SR 434 SUITE 1000 ALTAMONTE SPRINGS, FL 32714 US		
DO NOT WRITE IN THIS SPACE			
		07162005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3224743	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CHANA, KURT 865 NORTH SR 434 SUITE 1000 ALTAMONTE SPRINGS, FL 32714		DO NOT WRITE 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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		<div>1000000373804</div> <div>07/20/05-80009-007 150.00</div> DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHANA, KURT 865 NORTH SR 434 #1000 ALTAMONTE SPRINGS, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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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:  KURT CHANA 7/18/05 407-682-1411		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	