


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000093493	
1. Entity Name AERONAUTICAL SERVICES, INC.	

Principal Place of Business 27377 MOONEY AVE BLD 117 PUNTA GORDA, FL 33982 US	Mailing Address PO BOX 510637 PUNTA GORDA, FL 33951 US
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0543183	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 GARRARD, THOMAS W 520 EAST OLYMPIA AVENUE PUNTA GORDA, FL 33950	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000316716 04/19/05-80085-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HILTON, RICKEY 27377 MOONEY AVE BLD 117 PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HILTON, RICKEY 27377 MOONEY AVE BLD 117 PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HAMOUDA, SANDRA 21245 COACHMAN AVE PORT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *R. J. Hill* 4/14/06 941 639 2642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #