## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000011286

FILED Apr 26, 2004 Secretary of State

| Entity Na                                     | me: AIRBRU                   | SH HEADQUATERS INC              |  |   |
|---|------------------------------|---------------------------------|--|---|
| Current P                                     | rincipal Place               | e of Business:                  | New Principal Place of Business:             |   |
| 15017 EM<br>DESTIN, F                         | ERALD COAS<br>FL 32541       | T PKWY                          |  |   |
| Current Mailing Address:                      |                              |                                 | New Mailing Address:                         |   |
| 15017 EM<br>DESTIN, F                         | ERALD COAS<br>FL 32541       | T PKWY                          |  |   |
| FEI Number                                    | : 59-3376200                 | FEI Number Applied For()        | FEI Number Not Applicable ( )                | Certificate of Status Desired ( )       |
| Name and Address of Current Registered Agent: |                              |                                 | Name and Address of New Registered Agent:    |   |
| 79 LOON<br>SANTA RO<br>The above              | OSA BEACH,                   |                                 | ourpose of changing its registere            | ed office or registered agent, or both, |
| SIGNATU                                       | RE:                          |                                 |  |   |
| Floation Ca                                   |                              | nic Signature of Registered Ago | ent  | Date                                    |
| Election Cal                                  | mpaign rinancin              | g Trust Fund Contribution ( ).  |  |   |
| OFFICERS AND DIRECTORS:                       |                              |                                 | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |   |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | WILSON, SCO<br>79 LOON LAKI  |                                 | Title:<br>Name:<br>Address:<br>City-St-Zip:  | () Change () Addition                   |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | WILSON, JENI<br>79 LOON LAKI |                                 | Title:<br>Name:<br>Address:<br>City-St-Zip:  | () Change () Addition                   |

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: SCOTT WILSON Ρ 04/26/2004