


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90170 002 ***150.00

DOCUMENT # P97000006823 1. Entity Name PROFESSIONAL AIRCRAFT ACCESSORIES, INC.					
Principal Place of Business 3400 LILLIAN BLVD TITUSVILLE, FL 32780 US			Mailing Address 1750 TYSONS BLVD., STE 1400 MC LEAN, VA 22102-4244		
2. Principal Place of Business 7035 CENTER LANE		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TITUSVILLE, FL		City & State		4. FEI Number 58-2294305	
Zip 32780		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BIAL, ROBERT 3400 LILLIAN BLVD TITUSVILLE, FL 32780	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD CHASTAIN, THOMAS J JR 4694 AVIATION PARKWAY SUITE K ATLANTA, GA 303496024	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLYNN, JOHN 1750 TYSONS BLVD., STE 1400 MC LEAN, VA 221024244	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PERSAVICH, WARREN D 1750 TYSONS BLVD., STE 1400 MC LEAN, VA 221024244	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS LOUGH, BRADLEY T 1750 TYSONS BLVD., STE 1400 MC LEAN, VA 221024244	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DANIEL, JOHN M 1750 TYSONS BLVD., STE 1400 MC LEAN, VA 221024244	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>JOHN L. FLYNN</u> 04/21/05 (703)478-5963 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		