

**2004-FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

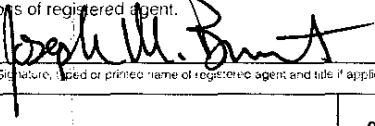
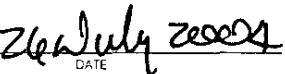
DOCUMENT # P97000013451		
1. Entity Name BRINT AEROSPACE SERVICES, CORP.		

Principal Place of Business 15360 DE HAVILLAND COURT WELLINGTON, FL 33414 US	Mailing Address 15360 DE HAVILLAND COURT WELLINGTON, FL 33414
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
Zip	Country

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRINT, VICKIE Y 15360 DE HAVILLAND COURT WELLINGTON, FL 33414	Name Joseph M. Brint Street Address (P.O. Box Number is Not Acceptable) 15360 Dethavilland Ct
	City Wellington FL 33414

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.

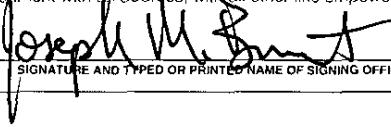
SIGNATURE  DATE 

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. \$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	VTD BRINT, J M 15360 DE HAVILLAND COURT WELLINGTON, FL 33414	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BRINT, VICKIE Y 15360 DE HAVILLAND COURT WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Delete	TITLE NAME Joseph M. Brint STREET ADDRESS 15360 Dethavilland Ct CITY-ST-ZIP Wellington, FL 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 200040049642 <input type="checkbox"/> Change <input type="checkbox"/> Addition 08/10/04-01080-007 *\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phone # 