2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003
Secretary of State

DOCUMENT# P97000062943

Entity Name: VOYAGER AVIATION, INC.

Current Principal Place of Business:

7003 CHALLENGER AVENUE
TITUSVILLE, FL 32780

New Principal Place of Business:

900 AIRPORT ROAD
MERRITT ISLAND, FL 32952 US

Current Mailing Address:

7003 CHALLENGER AVENUE
TITUSVILLE, FL 32780

New Mailing Address:

900 AIRPORT ROAD
MERRITT ISLAND, FL 32952 US

FEI Number: 59-3464663 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EVANS, GARY J
660 NORTH TROPICAL TRAIL
MERRITT ISLAND, FL 32953

Name and Address of New Registered Agent:

EVANS, GARY J
900 AIRPORT ROAD
MERRITT ISLAND, FL 32952

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.

SIGNATURE: 01/10/2003
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete
Name: EVANS, GARY J
Address: 660 NORTH TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953

Title: V ( ) Delete
Name: EVANS, HENRY F
Address: 47 OLD HADLOW ROAD
City-St-Zip: TONBRIDGE, KENT,TNIO 4EX UK, OC

Title: V ( ) Delete
Name: EVANS, EILEEN L
Address: 47 OLD HADLOW ROAD
City-St-Zip: TONBRIDGE, KENT TNIO, 4EX, UK

Title: V (X) Delete
Name: EVANS-DAY, LYN D
Address: 660 NORTH TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition
Name: EVANS, GARY J
Address: 900 AIRPORT ROAD
City-St-Zip: MERRITT ISLAND, FL 32952

Title: V (X) Change ( ) Addition
Name: EVANS, HENRY F
Address: 47 OLD HADLOW ROAD
City-St-Zip: TONBRIDGE, KENT, OC TN10 4EX UK

Title: V (X) Change ( ) Addition
Name: EVANS, EILEEN L
Address: 47 OLD HADLOW ROAD
City-St-Zip: TONBRIDGE, KENT, OC TN10 4EX UK

Title: ( ) Change ( ) Addition
Name:
Address:
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: GARY EVANS PTSD 01/10/2003
Electronic Signature of Signing Officer or Director — Date