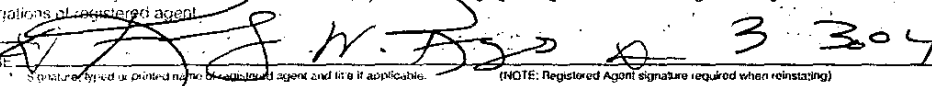
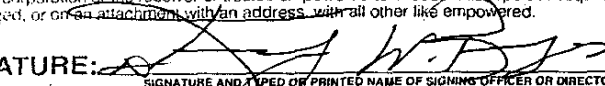


FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90480 037 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000083183					
1. Entity Name NORTH AMERICAN AEROSPACE GROUP, INC.					
Principal Place of Business 1020 NW 62 STREET FT. LAUDERDALE, FL 33309 US			Mailing Address P.O. BOX 81200 ALBUQUERQUE, NM 87198 US		
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 WHITTINGTON, KEELY 1020 NW 62 STREET FT. LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent Name: REYES, KEELY W Street Address (P.O. Box Number is Not Acceptable): 1020 NW 62 ND ST City: FT LAUDERDALE FL Zip Code: 33309	
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, 2004 Fee will be \$550.00			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	D	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	WHITTINGTON, KEELY		NAME	REYES, KEELY W	
STREET ADDRESS	P.O. BOX 81200		STREET ADDRESS	P.O. BOX 81200	
CITY-ST-ZIP	ALBUQUERQUE, NM 87198		CITY-ST-ZIP	ALBUQUERQUE, NM 87198	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WHITTINGTON, NERISSA		NAME		
STREET ADDRESS	P.O. BOX 81200		STREET ADDRESS		
CITY-ST-ZIP	ALBUQUERQUE, NM 87198		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  DATE: 5 3 04 DAYTIME PHONE #					