2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2004 08:00 AM Secretary of State **DOCUMENT # P98000102811** WILLIAM EVERETT AVIATION SAFETY CONSULTANTS. CORP. Principal Place of Business Mailing Address 9270 SW 125TH TERR 9270 SW 125TH TERR MIAMI, FL 33176 MIAMI, FL 33176 02212004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0881765 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EVERETT, WILLIAM J DO NOT WRITE 9270 SW 125TH TERR MIAMI, FL 33176 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable, (NOTE, Registered Agent signature required when reinstating) DATE U00000126005 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be 04/23/04-80017-002 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE EVERETT, WILLIAM J NAME STREET ADDRESS 15738 SW 102ND STREET CITY-ST-ZIP MIAMI, FL 33196 TITLE EVERETT, URSEL NAME STREET ADDRESS 15738 SW 102ND STREET CITY-ST-ZIP MJAMI, FL 33196 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 on truster employered to sective 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 appears in Block 10 or Block 11 if changed.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP