


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000101958
1. Entity Name
EXPRESS AVIATION, INC.



Principal Place of Business _____ Mailing Address _____
2400 W 84 STREET STE 20 **2400 W 84 STREET STE 20**
MIAMI LAKES, FL 33016 **MIAMI LAKES, FL 33016**

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0964807** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BIVENS, WILLIAM E
14520 MUSTANG TRAIL
FT LAUDERDALE, FL 33330

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when re-filing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BIVENS, WILLIAM E 14520 MUSTANG TRAIL FORT LAUDERDALE, FL 33330
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BIVENS, BARBARA 14520 MUSTANG TRAIL FORT LAUDERDALE, FL 33330
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BIVENS, RYAN MICHAEL 14520 MUSTANG TRAIL FORT LAUDERDALE, FL 33330
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BIVENS, AMANDA JOY 14520 MUSTANG TRAIL FORT LAUDERDALE, FL 33330
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/11/05-80013-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 submit 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:  **04/06/2005 305-819-3909**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #