2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 30, 2004 8:00 am Secretary of State DOCUMENT # S06837 04-30-2004 90289 016 ***150.00 1. Entity Name AIRCRAFT TECHNOLOGY, INC. Principal Place of Business Mailing Address 3000 TAFT ST. 3000 TAFT ST. HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 03182004 CR2E034 (10/03) 4. FEI Number Applied For City & State City & State 65-0233725 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MENDELSON, VICTOR H Street Address (P.O. Box Number is Not Acceptable) 3000 TAFT STREET HOLLYWOOD, FL 33021 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition TITLE ☐ Delete TITLE IRWIN, THOMAS S NAME POLLARD, JOHN NAME STREET ADDRESS 3000 TAFT STREET STREET ADDRESS 3000 TAFT ST CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD, FL 33021 HOLLYWOOD FL 33021 ☐ Change Addition **D**elete TITI F TITLE MOSKWA, WILLIAM F NAME NAME STREET ADDRESS 3069 TAFT STREET STREET ADDRESS HOLLYWOOD, FL 33021 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE LETENDRE, ELIZABETH R NAME NAME STREET ADDRESS STREET ADDRESS 3000 TAFT STREET CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD, FL 33021 ☐ Delete TITLE ☐ Change Addition TITLE AS NAME VETTER, JUDITH STREET ADDRESS STREET ADDRESS 3000 TAFT STREET CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD, FL 33021 TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE TITLE 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.

Nows

NTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

SIGNATURE AND TYPED OF PL

FILED