

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # S89899**  
 1. Entity Name  
 AVIATION CONCEPTS, INC.



Principal Place of Business      Mailing Address  
 5259 NW 108TH AVE      5259 NW 108 AVE  
 SUNRISE, FL 33357 US      SUNRISE, FL 33351 US

**DO NOT WRITE IN THIS SPACE**



02022005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 65-0291228      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 WOOD, DEAN J.  
 5259 NW 108TH AVE  
 SUNRISE, FL 32351

**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 reinstating)      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	PD WOOD, DEAN J 3847 SW 180 TERR MIRAMAR, FL 33029
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 03/21/05-80002-016 150.00

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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 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 Dean Wood      President      2/25/05      954-748-9911  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #