


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000003874
 1. Entity Name
 DALLAS AIRMOTIVE, INC.



Principal Place of Business 900 NOLEN DRIVE SUITE A GRAPEVINE, TX 76051 US	Mailing Address 201 S. ORANGE AVE., SUITE 1100 ATTN: BBA TAX DEPT. ORLANDO, FL 32801 US
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DO NOT WRITE IN THIS SPACE



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number 75-2530158	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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)

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	PDC DONLAN, JAMES P 900 NOLEN DRIVE, SUITE A GRAPEVINE, TX 76051
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCFO WEAVER, BRUCE 1503 PECOS DR SOUTHLAKE, TX 76092
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MURRER, GREGORY J 5 POWERHOUSE LN BOXFORD, MA 01921
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VAN ALLEN, BRUCE S 32245 EQUESTRIAN TRAIL SORRENTO, FL 32776
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 04/28/05-80073-011 150.00

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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)(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 another like empowered.

SIGNATURE: Bruce S. Van Allen Date: 4/26/2005 Daytime Phone #: (407)648-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR