

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90777 001 \*\*\*450.00

|                                                       |                                                                                   |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 471240</b>                              |  |
| 1. Entity Name<br><b>AMERICAN FLAG AIRLINES, INC.</b> |                                                                                   |

|                                                                                             |                                                                                 |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Principal Place of Business<br><b>304 S.W. 12TH ST.<br/>FT. LAUDERDALE, FL 33315-549 US</b> | Mailing Address<br><b>304 S.W. 12TH ST.<br/>FT. LAUDERDALE, FL 33315-549 US</b> |
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|                                                           |                                               |
|-----------------------------------------------------------|-----------------------------------------------|
| 2. Principal Place of Business<br><b>206 Flagler Ave.</b> | 3. Mailing Address<br><b>206 Flagler Ave.</b> |
| Suite, Apt. #, etc.                                       | Suite, Apt. #, etc.                           |

|                                            |                                            |
|--------------------------------------------|--------------------------------------------|
| City & State<br><b>New Smyrna Beach FL</b> | City & State<br><b>New Smyrna Beach FL</b> |
| Zip<br><b>32169</b>                        | Country<br><b>Volusia</b>                  |
| Zip<br><b>32169</b>                        | Country<br><b>USA</b>                      |

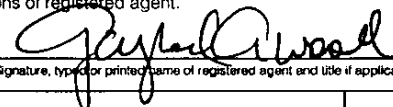
04282005 Chg-P CR2E034 (10/03)

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-1578396</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|-----------------------------------------------------------|---------------------------------------|

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|--------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent                                            |  |
| <b>WOOD, JR., ESQ., GAYLORD A.<br/>304 S.W. 12TH ST.<br/>FT. LAUDERDALE, FL 33315-8549</b> |  |

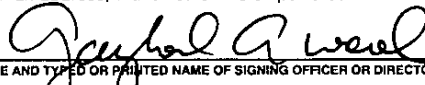
|                                                    |          |
|----------------------------------------------------|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name                                               |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City                                               |          |
| <b>FL</b>                                          | Zip Code |

|                                                                                                                                                                                                                               |                     |
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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 <b>4-25-05</b> |
| <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                      |                     |

|                                                                               |                                                                                     |                                        |
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| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be<br/>Added to Fees</b> |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------|

| 10. OFFICERS AND DIRECTORS                         |                                                                                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>PD<br/>WOOD, GAYLORD A., JR.<br/>304 S.W. 12TH ST.<br/>FT. LAUDERDALE, FL</b> <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>VPD<br/>BLACKWELL-WOOD, GARIE<br/>304 S W 12TH STREET<br/>FT LAUDERDALE, FL 333151549</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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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 all other like empowered. |  |
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|------------------------------------------------------------------------------------------------|---------------------|------------------------------------|
| SIGNATURE:  | Date <b>4-25-05</b> | Daytime Phone # <b>386 4249908</b> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>              |                     |                                    |