FILED Mar 24, 2008 8:00 am Secretary of State 03-24-2008 90065 039 ****61.25

2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT							
	MENT # 706282		45				
1. Entity Name SKY HARBOUR EAST, INC.							
				4005	1486		
Principal Place of Business Mailing Address 2100 SOUTH OCEAN DRIVE 2100 SOUTH OCEAN DRI		IVF					
FORT LAUDERDALE, FL 33316		FORT LAUDERDALE, FL 33316					
		•	·-···				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				AJ 81851 818J1 818J238 87 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01032008	Chg-NP CR2E03	37 (12/06)	
City & State		City & State		4. FEI Number 59-10304	1 55	Applied For Not Applicable	
- Zip	Country	Zip	Country	- 5 Certificate of	Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	L	·	7. Name and A	ddress of New Registered A	•	
REDWIN, REDFERN				Name Richard Aho			
	TH OCEAN DR		Street Address (P.O. Box Number is Not Acceptable)				
	JDERDALE, FL 33316	•	FUCT	Fort Landerdale			
	City FL 715 Cod 16						
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 Richard mahr							
SIGNATURE Signature, typed or printed name of registered agent and fille if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
SIGNATURE .				required when reinstating)	DATE		
SIGNATURE .			Registered Agent signature	\$5.00 May Be	Make check	k payable to tment of State	
SIGNATURE .	Signature, typed or printed name of registered agent: Filling Fee is \$61.25	9. Election Cam Trust Fund Co	Registered Agent signature paign Financing patribution.	\$5.00 May Be Added to Fees	Make check	k payable to tment of State RECTORS IN 10	
10. 11TLE	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIF	9. Election Camp Trust Fund Co	Registered Agent signature paign Financing partribution.	\$5.00 May Be Added to Fees ADDITIONS/CHAN	Make check Florida Depart	k payable to tment of State RECTORS IN 10	
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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:

9'54-522-2801 Dayline Phone #