


FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90065 039 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 706282 1. Entity Name SKY HARBOUR EAST, INC.			
Principal Place of Business 2100 SOUTH OCEAN DRIVE FORT LAUDERDALE, FL 33316		Mailing Address 2100 SOUTH OCEAN DRIVE FORT LAUDERDALE, FL 33316	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
- Zip - - - - - Country		- Zip - - - - - Country -	
6. Name and Address of Current Registered Agent REDWIN, REDFERN 2100 SOUTH OCEAN DR APT 46 FORT LAUDERDALE, FL 33316		7. Name and Address of New Registered Agent Name <u>Richard Aho</u> Street Address (P.O. Box Number is Not Acceptable) <u>2100 South Ocean Drive, Apt 8K</u> <u>Fort Lauderdale</u> City <u>Fort Lauderdale</u> FL Zip Code <u>33316</u>	
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 <u>Richard M Aho</u> DATE <u>3/12/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME REDFERN, R E <input checked="" type="checkbox"/> Delete STREET ADDRESS 2100 SOUTH OCEAN DR. APT 4K CITY-ST-ZIP FT LAUDERDALE, FL 33316	TITLE PD NAME Richard Aho <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 2100 South Ocean Dr, Apt 8K CITY-ST-ZIP Fort Lauderdale FL 33316	TITLE SD NAME WEAVER, RUSSEL <input type="checkbox"/> Delete STREET ADDRESS 2100 S. OCEAN DR. 16H CITY-ST-ZIP FT LAUDERDALE, FL 33316	TITLE D NAME John Conway <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 2100 South Ocean Dr, Apt 14G CITY-ST-ZIP Fort Lauderdale FL 33316
TITLE D NAME LANDON, SUSAN <input checked="" type="checkbox"/> Delete STREET ADDRESS 2100 S OCEAN DR 6K CITY-ST-ZIP FORT LAUDERDALE, FL 33316	TITLE D NAME John Leary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 2100 South Ocean Dr Apt 17F CITY-ST-ZIP Fort Lauderdale FL 33316	TITLE D NAME MARTY, RAYMOND MD <input checked="" type="checkbox"/> Delete STREET ADDRESS 2100 SOUTH OCEAN DR 16G CITY-ST-ZIP FT LAUDERDALE, FL 33316	TITLE D NAME Chuck Ritzen <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 2100 South Ocean Drive, Apt 9K CITY-ST-ZIP Fort Lauderdale FL 33316
TITLE TD NAME CONWAY, JOHN <input checked="" type="checkbox"/> Delete STREET ADDRESS 2100 S. OCEAN DR. CITY-ST-ZIP FORT LAUDERDALE, FL 33316	TITLE TD NAME Robert Birer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 2100 South Ocean Drive, Apt 9M CITY-ST-ZIP Fort Lauderdale FL 33316	TITLE VD NAME STRUVE, GAIL <input checked="" type="checkbox"/> Delete STREET ADDRESS 2100 SOUTH OCEAN DR 11G CITY-ST-ZIP FT LAUDERDALE, FL 33316	TITLE VD NAME Rennold Lueder <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 2100 South Ocean Dr, Apt 16M CITY-ST-ZIP Fort Lauderdale, FL 33316
12. 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: <u>Richard M Aho</u>		Date <u>3/12/08</u> Daytime Phone # <u>954-522-2801</u>	

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4. FEI Number **59-1030455** Applied For Not Applicable

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