

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 825494

FILED
Apr 27, 2007
Secretary of State

Entity Name: AIRCRAFT SERVICE INTERNATIONAL, INC.

Current Principal Place of Business:

201 S ORANGE AVE
#1100
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

201 S ORANGE AVE
#1100
ORLANDO, FL 32801 US

New Mailing Address:

FEI Number: 38-1844892 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: RYAN, KEITH P
Address: 1825 LAKE ROBERTS COURT
City-St-Zip: WINDERMERE, FL 34786

Title: S () Delete
Name: GOLDSTEIN, JOSEPH I
Address: 9169 BAY HILL BLVD
City-St-Zip: ORLANDO, FL 32819

Title: TCFO () Delete
Name: PITTMAN, DAVID F
Address: 8624 OLD BRIDGE LANE
City-St-Zip: ORLANDO, FL 32819

Title: AT () Delete
Name: RECTOR, RICHARD
Address: 2188 BENT OAK DR
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: RYAN, KEITH P
Address: 1825 LAKE ROBERTS COURT
City-St-Zip: WINDERMERE, FL 34786

Title: D () Delete
Name: FRESE, ROBERT P
Address: 1221 VIA DEL MAR
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ASSISTANT TREASURER

AT

04/27/2007

Electronic Signature of Signing Officer or Director

_____ Date