

2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 14, 2009
Secretary of State**

DOCUMENT# F01000005989

Entity Name: FLY ON, INC.

Current Principal Place of Business:

C/O HABER CORPORATION
16830 VENTURA BLVD., #501
ENCINO, CA 91436

New Principal Place of Business:

Current Mailing Address:

C/O HABER CORPORATION
16830 VENTURA BLVD., #501
ENCINO, CA 91436

New Mailing Address:

FEI Number: 58-2641300 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T 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: PD () Delete
Name: ROSSINGTON, GARY
Address: 16830 VENTURA BLVD #501
City-St-Zip: ENCINO, CA 91436

Title: S () Delete
Name: HABER, GARY
Address: 16830 VENTURA BLVD #501
City-St-Zip: ENCINO, CA 91436

Title: TD () Delete
Name: VAN ZANT, JOHNNY
Address: 4619 PLYMOUTH STREET
City-St-Zip: JACKSONVILLE, FL 32207

Title: VD () Delete
Name: POWELL, BILLY
Address: 16830 VENTURA BLVD #501
City-St-Zip: ENCINO, CA 91436

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:

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: GARY HABER CPA

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01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date