

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000073132

FILED
Jan 20, 2008
Secretary of State

Entity Name: ALL STAR AIR, INC.

Current Principal Place of Business:

BOX 881634
PORT SAINT LUCIE, FL 34988

New Principal Place of Business:

Current Mailing Address:

PO BOX 881634
PORT SAINT LUCIE, FL 34988

New Mailing Address:

FEI Number: 59-3335706 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLING, DAVID
2600 SW JULIET AVE
PORT SAINT LUCIE, FL 34987 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: PT () Delete
Name: POLING, DAVID
Address: 2600 SW JULIET AVE
City-St-Zip: PORT ST. LUCIE, FL 34987

Title: VP () Delete
Name: POLING, GARY S
Address: 631 NORSEMAN DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: TR () Delete
Name: POLING, PAULINE J
Address: 2600 SW JULIET AVE
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: SEC () Delete
Name: POLING, SUZETTE Y
Address: 955 18TH ST SW
City-St-Zip: VERO BEACH, FL 32962

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: DAVID POLING

PT

01/20/2008

Electronic Signature of Signing Officer or Director

_____ Date