2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 All Secretary of State **DOCUMENT # P96000004786** OTTENDORF AVIATION, INC. Principal Place of Business Mailing Address 210 COUNTRY CIRCLE DR. W. P.O. DRAWER 15110 PORT ORANGE, FL 32128 US DAYTONA BEACH, FL 32115 US 04232007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3369324 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DORAN, THEODORE R DO NOT WRITE 444 SEABREEZE BLVD STE 800 DAYTONA BEACH, FL 32118 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. OATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees ... After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME OTTENDORF, GEORGE H. STREET ADDRESS 210 COUNTRY CIRCLE DRIVE W. CITY-ST-ZIP PORT ORANGE, FL 32128 U00000749686 05/18/07-80034-009 150.00 TITLE OTTENDORF, ROBERT E. NAME STREET ADDRESS 16929 SOLANA LANE CANYON COUNTRY, CA 91351 CHY-ST-ZIP TITLE OTTENDORF, JOHN B. NAME 2203 RED FOX LANE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CANYON COUNTRY, CA 91351 IN THIS SPACE OTTENDORF, NANCY NAME STREET ADDRESS 210 COUNTRY CIRCLE DR., W CITY-ST-ZIP PORT ORANGE, FL 32128

12. Thereby 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 607, 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP