


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000051929 1. Entity Name AVALANCHE AIR CORP.	
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Principal Place of Business 10325 HIDDEN SPRINGS COURT BOCA RATON, FL 33498	Mailing Address 10325 HIDDEN SPRINGS COURT BOCA RATON, FL 33498
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DO NOT WRITE IN THIS SPACE



03052008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0761357	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KUNIYOSHI, KAZUO
10325 HIDDEN SPRINGS CT.
BOCA RATON, FL 33498

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT KUNIYOSHI, JOHN 10325 HIDDEN SPRINGS COURT BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KUNIYOSHI, KAZUO 10325 HIDDEN SPRINGS COURT BOCA RATON, FL 33498
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04/10/08-80069-007 150.00

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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 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: Ragun Ransjaar L. 3/28/08 561-479-1826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #