## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## May 02, 2008 8:00 am Secretary of State **DOCUMENT # P98000040178** 05-02-2008 90121 016 \*\*\*150.00 1. Entity Name ADVENTURE AIR, INC. Mailing Address Principal Place of Business 4 U U U ~ ~ 1814 ASSEMBLY POINT DR 1614 ASSEMBLY POINT DR SEBRING, FL 33870 SEBRING, FL 33870 CR2E034 (11/05) 04182008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0837182 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CARLSON, JEFF 3531 US HIGHWAY-27 SOUTH SEBRING, FL 33870-5426 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. DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE STIFEL, ARTHUR C III NAME 1617 1917 ASSEMBLY POINT DR STREET ADDRESS SEBRING, FL 33870 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

FILED