## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## FILED Mar 05, 2007 08:00 A Secretary of State DOCUMENT # \$37683 1. Entity Namo AMBIENT AIR SERVICES, INC. Principal Place of Business Mailing Address 106 AMBIENT AIR WAY 106 AMBIENT AIR WAY STARKE FL 32091 STARKE FL 32091 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number City & State Applied For 59-3055513 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desirod Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOSEPH L. COOKSEY JR 106 AMBIENT AIRWAY Street Address (P.O. Box Number is Not Acceptable) STARKE FL 32091 ..City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE Delete TITLE ☐ Change ■ Addition COOKSEY, JOSEPH L., JR. U00000656525 03/14/07-80029-001 150.00 NAME NAME 106 AMBIENT AIRWAY STREET ADDRESS STREET ADDRESS STARKE FL 32091 CITY-ST-ZIP CITY - S1 - 7IP ST TITLE ☐ Delete IIILE ☐ Change Addition SHOLTES, DAVID C NAME 106 AMBIENT AIRWAY STREET ADDRESS STREET ADDRESS STARKE FL 32091 CITY-ST-ZIP CITY-ST-ZIP VP TITLE ☐ Defete TITTE ☐ Change ☐ Addition SHOLTES, ROBERTS. HAME 106 AMBIENT AIRWAY STREET ADDRESS STREET ADDRESS STARKE FL 32091 CITY-ST-ZIP CITY - ST - ZIF TIFLE. ☐ Delete HILE Change Addition STREET ADDRESS STREET ADDRESS C!TY-SI-ZIP CITY-SI-ZIP ☐ Delele ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP TITLE ☐ Delete TIELE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.