

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000033071

FILED
Jan 16, 2006
Secretary of State

Entity Name: AIRSHARES INC.

Current Principal Place of Business:

1740 N.W. 105TH AVENUE
PEMBROKE PINES, FL 33026

New Principal Place of Business:

10964 NW 12 COURT
PLANTATION, FL 33322

Current Mailing Address:

1740 N.W. 105TH AVENUE
PEMBROKE PINES, FL 33026

New Mailing Address:

10964 NW 12 COURT
PLANTATION, FL 33322

FEI Number: 65-0995307

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HODGERS, BENJAMIN
1740 N.W. 105TH AVENUE
PEMBROKE PINES, FL 33026 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: PD () Delete
Name: HODGERS, BENJAMIN
Address: 1740 N.W. 105TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VPD () Delete
Name: HODGERS, BRIAN ALAN
Address: 1740 N.W. 105TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: STD () Delete
Name: HODGERS, GERRY
Address: 1740 N.W. 105TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D (X) Delete
Name: HODGERS, BENJAMIN ALAN
Address: 1740 N.W. 105TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HODGERS, BENJAMIN
Address: 4160 DUNMORE DRIVE
City-St-Zip: LAKE WALES, FL 33859

Title: VPD (X) Change () Addition
Name: HODGERS, BRIAN ALAN
Address: 10964 NW 12 COURT
City-St-Zip: PLANTATION, FL 33322

Title: STD (X) Change () Addition
Name: HODGERS, GERRY
Address: 4160 DUNMORE DRIVE
City-St-Zip: LAKE WALES, FL 33859

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BENJAMIN HODGERS

PD

01/16/2006

Electronic Signature of Signing Officer or Director

_____ Date