

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000051958

FILED
Apr 21, 2009
Secretary of State

Entity Name: SKYFEST AVIATION INVESTMENTS, INC.

Current Principal Place of Business:

5918 PEGGY DRIVE
PORT ORANGE, FL 32127 US

New Principal Place of Business:

Current Mailing Address:

5918 PEGGY DRIVE
PORT ORANGE, FL 32127 US

New Mailing Address:

FEI Number: 20-4732667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, JAMES
5918 PEGGY DRIVE
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

CAMPBELL, JAMES D,A
5918 PEGGY DRIVE
PORT ORANGE, FL 32127 US

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: JAMES CAMPBELL

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAMPBELL, DONNA
Address: 270 DAVIS DRIVE, UNIT 812
City-St-Zip: NEWMARKET, ON M1R 2K8 CA

Title: D () Delete
Name: CAMPBELL, JAMES
Address: 5918 PEGGY DRIVE
City-St-Zip: PORT ORANGE, FL 32127 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JAMES CAMPBELL

D

04/21/2009

Electronic Signature of Signing Officer or Director

Date