

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000033071

FILED  
Jan 05, 2011  
Secretary of State

Entity Name: AIRSHARES INC.

**Current Principal Place of Business:**

723 TRUMAN AVENUE, #201526  
TALLAHASSEE, FL 32314-7297

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 7297, #201526  
TALLAHASSEE, FL 32314-7297

**New Mailing Address:**

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  
723 TRUMAN AVENUE, #201526  
TALLAHASSEE, FL 32314-7297

**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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HODGERS, BENJAMIN  
Address: 4160 DUNMORE DRIVE  
City-St-Zip: LAKE WALES, FL 33859

Title: VPD  
Name: HODGERS, BRIAN ALAN  
Address: POST OFFICE BOX 7297, #201526  
City-St-Zip: TALLAHASSEE, FL 32314-7297

Title: STD  
Name: HODGERS, GERRY  
Address: 4160 DUNMORE DRIVE  
City-St-Zip: LAKE WALES, FL 33859

I hereby 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 all other like empowered.

SIGNATURE: BENJAMIN HODGERS

PRES

01/05/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date