2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 229943

Title:

Name:

Address:

City-St-Zip:

FILED Apr 13, 2009 Secretary of State

Entity Nan	ne: NAUTICA	AL AIRE INC						
Current Principal Place of Business:				New Principal Place of Business:				
917 BUCID DELRAY BI	A ROAD EACH, FL 33	34836652						
Current Mailing Address:				New Mailing Address:				
C/O C. LINI 2501 FLOR LANTANA,	RAL RD.	US						
FEI Number: 59-6066804 FEI Number Applied For () FEI N) FEI Nur	umber Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
LINDSEY, M 2501 FLOR LAKE WOF		62 US						
The above in the State		submits this statement for	the purpose o	of changing it	s registered	d office or re	gistered age	∍nt, or both,
SIGNATUR								
Electronic Signature of Registered Agent				Date				
Election Cam	npaign Financin	g Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	TS (MEALY, BARB 302 N LAKE D LAKE WORTH	R.		Title: Name: Address: City-St-Zip:	TS MEALY, BAF 922 OLD EU MT. DORA, F	STIS ROAD) Addition	
Title: Name: Address: City-St-Zip:	P (CANCRO, JAM 4515 PEQUUA CUTCHOQUE,	SH AVE		Title: Name: Address: City-St-Zip:	CANCRO, JA 320 STROHS) Addition	
Title: Name: Address: City-St-Zip:	VP (MCCABE, JAN 917 BUCIDA R DELRAY BEAC	D#11		Title: Name: Address: City-St-Zip:		()Change() Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: M. CAROL LINDSEY S 04/13/2009

() Delete

LINDSEY, M. CAROL

LAKE WORTH, FL 33462

2501 FLORAL RD.

() Change () Addition