2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# 575365

Entity Name: FLORIDA AIR ACADEMY - MELBOURNE, INC.

Current Principal Place of Business:

1950 S. ACADEMY DRIVE
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

1950 S. ACADEMY DRIVE
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-1825723 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DWIGHT, JONATHAN TIMOTHY
1950 S. ACADEMY DRIVE
MELBOURNE, FL 32901 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: DC ( ) Delete
Name: DWIGHT, JONATHAN T
Address: 1950 S. ACADEMY DRIVE
City-St-Zip: MELBOURNE, FL 32901

Title: DP ( ) Delete
Name: DWIGHT, JAMES
Address: 1950 S. ACADEMY DRIVE
City-St-Zip: MELBOURNE, FL 32901

Title: DV ( ) Delete
Name: DWIGHT, DEBORAH
Address: 1950 S. ACADEMY DRIVE
City-St-Zip: MELBOURNE, FL 32901

Title: D ( ) Delete
Name: BLATT, KENNETH
Address: 201 WEST 70TH ST. 39G
City-St-Zip: NEW YORK, NY

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 DWIGHT DP 02/24/2009

Electronic Signature of Signing Officer or Director — Date