2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 17, 2009
Secretary of State

DOCUMENT# 625252

Entity Name: AIRPORT INVESTORS, INC.

Current Principal Place of Business:

8901 AIRWAY BLVD.
NEW PORT RICHEY, FL 34654 US

New Principal Place of Business:

Current Mailing Address:

8901 AIRWAY BLVD.
NEW PORT RICHEY, FL 34654 US

New Mailing Address:

FEI Number: 59-1914119 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PROSSER HOWELLS, P.A.
11905 OAK TRAIL WAY
BAYONET POINT
PORT RICHEY, FL 34668 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HEDRICK, HAROLD
Address: 8401 CESSNA DR
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: VP ( ) Delete
Name: MATISSEK, JOSEPH
Address: 8504 AIRWAY BLVD
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: S ( ) Delete
Name: CARPER, STEVE
Address: 10804 LUSCOMBE RD
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: P ( ) Delete
Name: UNGAR, EDWARD
Address: 10826 SKYHAWK DR
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: T ( ) Delete
Name: GIBER, HERBERT
Address: 8640 AIRWAY BOULEVARD
City-St-Zip: NEW PORT RICHEY, FL 34654

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: EDWARDS, JOHN
Address: 8431 CESSNA DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: P (X) Change ( ) Addition
Name: CARPER, STEVE
Address: 10804 LUSCOMBE RD
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: VP (X) Change ( ) Addition
Name: UNGAR, EDWARD
Address: 10826 SKYHAWK DR
City-St-Zip: NEW PORT RICHEY, FL 34654

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: EDWARD UNGAR VP 06/17/2009

Electronic Signature of Signing Officer or Director Date