


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

| | | |
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| DOCUMENT # 688525 | |  |
| 1. Entity Name USA AIRMOBILE, INC. | | |
| Principal Place of Business 4101 SW 47 AVE STE 106 FT LAUDERDALE, FL 33314 US | Mailing Address 4101 SW 47 AVE STE 106 FT LAUDERDALE, FL 33314 US | |



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-2045506 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent KURTGIS, MICHAEL P 1736 SW 2ND ST FORT LAUDERDALE, FL 33312 |
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD KURTGIS, MICHAEL P. 1736 SW 2ND ST FORT LAUDERDALE, FL 33312 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD KURTGIS, BYRON P. 194 CARRONBRIDGE WAY FRANKLIN, TN 37067 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD KURTGIS, PHILIP V. 9750 NW 21ST MANOR SUNRISE, FL 33322 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/12/07-80039-023 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-07 954-584-7000
Date Daytime Phone #