2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# 718340

Entity Name: FLORIDA SKYLINERS OF MIAMI, INC.

Current Principal Place of Business:

PO BOX 832401
MIAMI, FL 33283

New Principal Place of Business:

SOUTH FLORIDA
MIAMI, FL 33283

Current Mailing Address:

PO BOX 832401
MIAMI, FL 33283

New Mailing Address:

FEI Number: 65-0022190 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TWIGG, DAVID
8951 SW 60 TERRACE
MIAMI, FL 33173 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:	P	( ) Delete
Name:	CLARK, ROGER	
Address:	113 PIRATES DR	
City-St-Zip:	KEY LARGO, FL 33037	
Title:	FVP	( ) Delete
Name:	BOGGS, CLARK	
Address:	113 PIRATES DR	
City-St-Zip:	KEY LARGO, FL 33037	
Title:	TRE	( ) Delete
Name:	MOORHEAD, PAMELA	
Address:	7865 SW 106 AVE	
City-St-Zip:	MIAMI, FL 33173	
Title:	E	( ) Delete
Name:	NIXON, JIM	
Address:	P O BOX 160217	
City-St-Zip:	HIALEAH, FL 33016	
Title:	T	( ) Delete
Name:	TWIGG, DAVID	
Address:	8951 SW 60 TERRACE	
City-St-Zip:	MIAMI, FL 33173	

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:	E	(X) Change ( ) Addition
Name:	LARIMORE, MICHAEL	
Address:	61 SAMANA DR	
City-St-Zip:	MIAMI, FL 33133	
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER CLARK P 05/01/2008

Electronic Signature of Signing Officer or Director — Date