2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005339

Address:

City-St-Zip:

175 AMMON DR

MANCHESTER, NH 03103

Entity Name: OLIANTEM AVIATION SEDVICE

FILED Apr 22, 2008 Secretary of State

Entity Na	me: QUANTE	M AVIATION SERVICES	, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
STE 100	DEPORT DR D, FL 32827			9597 BENF ORLANDO			
Current Mailing Address:				New Mailing Address:			
175 AMMO MANCHES	ON DR STER, NH 031	03					
FEI Number: 02-0480435		FEI Number Applied For () FEI Num	mber Not Applicable ()		Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
C/O CT CO 1200 SOU PLANTAT	ORATION SYS ORPORATION TH PINE ISLA ION, FL 33324	SYSTEM ND ROAD I US	the purpose of	changing it	re rogistoro	od office or registered agent, or	both
	e named entity : e of Florida.	submits this statement for	the purpose of	changing ii	s registere	ed office or registered agent, or	poin,
SIGNATUI	RE:						
	Electror	nic Signature of Registere	d Agent			Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	PSCD () CALVINO, SAL' 175 AMMON DI MANCHESTER	R		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	GLOCK, JAME	ORT DR STE 100		Title: Name: Address: City-St-Zip:	V GLOCK, JA 175 AMMO MANCHES		
Title: Name:	V () FORTIN, KARE) Delete N		Title: Name:		() 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.

Address:

City-St-Zip:

SIGNATURE: KAREN FORTIN VP 04/22/2008