2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003
Secretary of State

DOCUMENT# F02000000566

Entity Name: CHILDREN'S ANGEL FLIGHT, INC.

Current Principal Place of Business:

4620 HAYGOOD RD, STE 1
VIRGINIA BEACH, VA 23455

New Principal Place of Business:

Current Mailing Address:

4620 HAYGOOD RD, STE 1
VIRGINIA BEACH, VA 23455

New Mailing Address:

FEI Number: 54-1739660 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHATLOS, CAROL
256 CHURCHHILL DRIVE
LONGWOOOD, FL 32779 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: V ( ) Delete
Name: BEAVER, CONNIE
Address: 7827 PINEY BRANCH RD
City-St-Zip: FAIRFAX, VA

Title: P ( ) Delete
Name: BOYER, CAROL
Address: 1280 LASKIN RD #401
City-St-Zip: VIRGINIA BEACH, VA

Title: ST ( ) Delete
Name: BUCK, ALICE L
Address: 9357 COVENANT HILL LANE
City-St-Zip: MARSHALL, VA

Title: D ( ) Delete
Name: HAYES, DIANE
Address: 925 LINSLEY DRIVE
City-St-Zip: VIRGINIA BEACH, VA

Title: D ( ) Delete
Name: RUFFO, MARY
Address: 6424 FARGO LANE
City-St-Zip: WARRENTON, VA

Title: D ( ) Delete
Name: SMITH, KATIE
Address: 8190 HILLCREST DRIVE
City-St-Zip: MANASSAS, VA

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:

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 for the exemption stated in Section 119.07(3)(i), 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: CAROL BOYER P 02/26/2003
Electronic Signature of Signing Officer or Director — Date