


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000001958
 1. Entity Name
AIRESPRING, INC.



Principal Place of Business 6060 SEPULVEDA BLVD. STE. 220 VAN NUYS, CA 91411	Mailing Address 6060 SEPULVEDA BLVD. STE. 220 VAN NUYS, CA 91411
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04172006 No Chg-P CR2E034 (11/05)

4. FEI Number 95-4862910	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DRIVE
 SUITE 4
 WESTON, FL 33331

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000526820
 05/04/06-80090-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	POST LONSTEIN, AVI 6060 SEPULVEDA BLVD., STE. 220 VAN NUYS, CA 91411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LONSTEIN, TONY CHARLES 6060 SEPULVEDA BLVD., STE. 220 VAN NUYS, CA 91411
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 another like empowered.

SIGNATURE:  DATE: 4-17-06 DAYTIME PHONE: 818-786-8990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR