

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005086

FILED
Mar 30, 2009
Secretary of State

Entity Name: DELTA AIRELITE BUSINESS JETS, INC.

Current Principal Place of Business:

77 COMAIR BLVD.
ERLANGER, KY 41018

New Principal Place of Business:

Current Mailing Address:

PO BOX 45852
C/O CYNDI HARDT
ATLANTA, GA 30320

New Mailing Address:

FEI Number: 31-1103656 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GREEN, MICHAEL B
Address: 1030 DELTA BLVD #852
City-St-Zip: ATLANTA, GA 30354

Title: AT () Delete
Name: SLOAN, Nanci O
Address: 1030 DELTA BLVD DEPT 852
City-St-Zip: ATLANTA, GA 30354

Title: D () Delete
Name: SIEBENBERGEN, DAVID A
Address: 1030 DELTA BLVD, DEPT 852
City-St-Zip: ATLANTA, GA 30354

Title: T/S () Delete
Name: BEVIS, REX
Address: 1030 DELTA BLVD, DEPT 852
City-St-Zip: ATLANTA, GA 30354

Title: AS () Delete
Name: CARTEE, DAVID S
Address: 1030 DELTA BLVD DEPT 852
City-St-Zip: ATLANTA, GA 30354

Title: AT () Delete
Name: WARWAR, MONA
Address: 1030 DELTA BLVD, DEPT 852
City-St-Zip: ATLANTA, GA 30354

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change () Addition
Name: SLOAN, Nanci
Address: 1030 DELTA BLVD DEPT 852
City-St-Zip: ATLANTA, GA 30354

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T/S (X) Change () Addition
Name: BEVIS, REXFORD M
Address: 1030 DELTA BLVD, DEPT 852
City-St-Zip: ATLANTA, GA 30354

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 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.

SIGNATURE: MONA WARWAR

AT

03/30/2009

Electronic Signature of Signing Officer or Director

_____ Date