

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

07-06-2005 90033 037 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
50055014

DOCUMENT # F02000005294			
1. Entity Name COMPAIR USA, INC.			
Principal Place of Business 1634 SW 17TH ST OCALA, FL 34474		Mailing Address PO BOX 927 SIDNEY, OH 45365	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ZIELINSKI, TODD J 1634 SW 17TH ST OCALA, FL 34474		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> (NOTE: Registered Agent signature required when reinstating) _____ <small>DATE</small> _____			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS			
TITLE: CEO NAME: SANDERS, NICHOLAS STREET ADDRESS: HUGNENDEN AVENUE, HIGH WYCOMBE BUCKS CITY-ST-ZIP: HP13 5SF UK,		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE: D NAME: MONN GAVIN STREET ADDRESS: 211 EAST RUSSELL RD CITY-ST-ZIP: SIDNEY, OHIO 45365	
TITLE: CFO NAME: DUTNALL, ROBERT STREET ADDRESS: HUGNENDEN AVENUE, HIGH WYCOMBE BUCKS CITY-ST-ZIP: HP13 5SF UK,		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: VD NAME: EDMONDS, JOHN STREET ADDRESS: HUGNENDEN AVENUE, HIGH WYCOMBE BUCKS CITY-ST-ZIP: HP13 5SF UK,		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VD NAME: PEUSSAS, JOUKO STREET ADDRESS: HUGNENDEN AVENUE, HIGH WYCOMBE BUCKS CITY-ST-ZIP: HP13 5SF UK,		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: STD NAME: WALL, RICHARD STREET ADDRESS: 211 EAST RUSSELL ROAD CITY-ST-ZIP: SIDNEY, OH 45365		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: RM NAME: 7/26 STREET ADDRESS: CITY-ST-ZIP:		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 all other like empowered.			
SIGNATURE: <i>Richard W. Wall</i> [Richard Wall] 6-30-05		Date 6-30-05 Daytime Phone # 937-498-2630	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			