


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 31, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F04000005867  
 1. Entity Name  
 EXCESS AIR, INC.



Principal Place of Business      Mailing Address  
 255 ALHAMBRA CIR STE 330      255 ALHAMBRA CIR STE 330  
 CORAL GABLES, FL 33134-7421      CORAL GABLES, FL 33134-7421



05272005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1454761	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 MEINERS, LOUIS M JR.  
 200 AVIATION DRIVE, SUITE 2  
 NAPLES, FL 34104

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CULLEN, MARTIN S 255 ALHAMBRA CIR STE 330 CORAL GABLES, FL 331347421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD CULLEN, MONIKA B 255 ALHAMBRA CIR STE 330 CORAL GABLES, FL 331347421
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U00000368631  
 05/31/05-80009-014 158.75

**DO NOT WRITE IN THIS SPACE**

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: Monika B. Cullen      Date: 5/27/05      Daytime Phone #: 305 461 5854  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      X227