

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005867

FILED
Jul 15, 2008
Secretary of State

Entity Name: EXCESS AIR, INC.

Current Principal Place of Business:

255 ALHAMBRA CIR STE 330
CORAL GABLES, FL 331347421

New Principal Place of Business:

4000 PONCE DE LEON BLVD.
SUITE 470
CORAL GABLES, FL 33146

Current Mailing Address:

255 ALHAMBRA CIR STE 330
CORAL GABLES, FL 331347421

New Mailing Address:

4000 PONCE DE LEON BLVD.
SUITE 470
CORAL GABLES, FL 33146

FEI Number: 20-1454761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MEINERS, LOUIS M JR.
200 AVIATION DRIVE, SUITE 2
NAPLES, FL 34104 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: PD () Delete
Name: CULLEN, MARTIN S
Address: 255 ALHAMBRA CIR STE 330
City-St-Zip: CORAL GABLES, FL 331347421

Title: TSD () Delete
Name: CULLEN, MONIKA B
Address: 255 ALHAMBRA CIR STE 330
City-St-Zip: CORAL GABLES, FL 331347421

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CULLEN, MARTIN S
Address: 4000 PONCE DE LEON BLVD., SUITE 470
City-St-Zip: CORAL GABLES, FL 33146

Title: TSD (X) Change () Addition
Name: CULLEN, MONIKA B
Address: 4000 PONCE DE LEON BLVD., SUITE 470
City-St-Zip: CORAL GABLES, FL 33146

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: MONIKA B. CULLEN

TSD

07/15/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date