

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006859

Entity Name: XTRA AIRWAYS, INC.

FILED
Jun 24, 2009
Secretary of State

Current Principal Place of Business:

331 7TH STREET
ELKO, NV 89801

New Principal Place of Business:

Current Mailing Address:

DONALD KASSILKE; C/O SHER & BLACKWELL
1850 M. ST., NW, SUITE 900
WASHINGTON, DC 20036 US

New Mailing Address:

FEI Number: 91-1387913 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DUNN, LISA
Address: 331 7TH STREET
City-St-Zip: ELKO, NV 89801

Title: D () Delete
Name: STEPHENSEN, MAGNUS
Address: 331 7TH STREET
City-St-Zip: ELKO, NV 89801

Title: DST () Delete
Name: DAVIS, SANDY
Address: 331 7TH STREET
City-St-Zip: ELKO, NV 89801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LISA DUNN

PD

06/24/2009

Electronic Signature of Signing Officer or Director

_____ Date