

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006874

FILED
Apr 30, 2007
Secretary of State

Entity Name: INTERNATIONAL AIR CARRIER INC.

Current Principal Place of Business:

11497 COLUMBIA PARK DR., SUITE 7
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

11497 COLUMBIA PARK DR., SUITE 7
JACKSONVILLE, FL 32258

New Mailing Address:

FEI Number: 06-1760932

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAPAGEORGE, JOHN
11497 COLUMBIA PARK DR., SUITE 7
JACKSONVILLE, FL 32258 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: P () Delete
Name: PAPAGEORGE, SPYROS
Address: 11497 COLUMBIA PARK DR., SUITE 7
City-St-Zip: JACKSONVILLE, FL 32258

Title: V () Delete
Name: PAPAGEORGE, JOHN
Address: 11497 COLUMBIA PARK DR., SUITE 7
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JOHN PAPAGEORGE

V

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date