2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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SIGNATURE:

an address, with all other like empowered.

Aug 24, 2006 8:00 am Secretary of State DOCUMENT # F05000007009 08-24-2006 90064 018 ***550.00 MICRO AIR SERVICES, INC. Principal Place of Business Mailing Address 8830 S. TAMIAMI TRAIL SUITE 150 SARASOTA FL 34238 8830 S. TAMIAMI TRAIL SUITE 150 SARASOTA FL 34238 2. Principal Place of Busines 8836 5. 3. Mailing Address lemismi. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/06) Ju He (20 City & State Applied For City & State 4. FEI Number 01-0780327 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HEAGLE, RONALD 5533 BILBAO PL. Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34238 City 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. 8/18/06 (NOTE: Registered Agent signature re-FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing DUE BY September 6, 2006 late fee. By checking this box, the corporation certifies it did Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 فساليمية TITLE Delete TTLE ☐ Change Addition HEAGLE, RONALD NAME NAME 8830 S. TAMIAMI TRAIL SUITE 150 STREET ADDRESS STREET ADDRESS SARASOTA FL 34238 CITY-ST-ZIP CDY-ST-ZIP TITLE ☐ Defete TULE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP ☐ Delete TOTAL Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that my eigenquire 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 period as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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