, 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 24, 2008 08:00 AM DOCUMENT # F07000002184 Secretary of State 1. Entity Name EMPIRE AIRCRAFT SERVICES, INC. Principal Place of Business Mailing Address AIR TERMINAL BUILDING 279 : 116 GLENDALE DRIVE -JACKSONVILLE NAVAL AIR STATION SUMMERVILLE, SC 29485 JACKSONVILLE, FL 32212 01092008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-2356297 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BREEN, DAVID DO NOT WRITE **BUILDING 279 JAX NAS** JACKSONVILLE, FL 32212 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 • After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BOHON, RUSS NAME STREET ADDRESS 116 GLENDALE DRIVE CITY-ST-ZIP SUMMERVILLE, SC 29485 U00000794509 01/28/08-80010-022 158.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 charged, or on an affectment with an address, with all climer like perpowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-19-08