## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000002447

Entity Name: CAREERS IN AVIATION, INC.

FILED Jan 20, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1000 AVIAT	-				•		
Current Mailing Address:				New Mailing Address:			
1000 AVIAT PALM COA	TION DR. ST, FL 32164						
FEI Number: 58-2628336 FEI Number Applied For ( ) FEI Nu			FEI Num	mber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
RICE, JUDITH A. 1000 AVIATION DR. PALM COAST, FL 32164 US				RICE, JUDITH A 1000 AVIATION DR. PALM COAST, FL 32164 US			
The above in the State		bmits this statement for the pu	ırpose of	changing it	s registered of	fice or registered age	ent, or both,
SIGNATURE: JUDITH A. RICE				01/20/2009			
	Electronic	Signature of Registered Ager	nt			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	LARKINS, JAMAI	108 PEACH ORCHARD RD STE 2		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	RICE, JUDITH A	ATION 1000 AVIATION DR		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	LORBER, REBEC	;12260 E CONTROL TOWER RD		Title: Name: Address: City-St-Zip:	S (X) MURROW, WILL 2060 STATE RO LINDRITH, NM 8	OUTE 595	
Title: Name: Address: City-St-Zip:	T () C CUMMOCK, DAV 2890 BORMAN C PORT ORANGE,	Т		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	RAKER, SHAWN	LOCK BRIDGE RD STE 210		Title: Name: Address: City-St-Zip:	RAKER, SHAWN	DLOCK BRIDGE RD ST	E 210
Title: Name: Address: City-St-Zip:	LANGSTON, C. D	DUP; 3256 C.C. SW		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH A. RICE P 01/20/2009