


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F28801	
1. Entity Name NORTH CAPTIVA AIR, INC.	

Principal Place of Business 4346 HIDDEN RIVER ROAD SARASOTA, FL 34240 US	Mailing Address 4346 HIDDEN RIVER ROAD SARASOTA, FL 34240 US
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DO NOT WRITE IN THIS SPACE

FILED
Apr 18, 2007 08:00 AM
Secretary of State



01142007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2087051	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FETT, HAROLD J 4346 HIDDEN RIVER ROAD SARASOTA, FL 34240

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COYNER, WALLACE 4655 LUCE ROAD LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, DONNA G 10270 SAGO PALM WAY FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REED, RUSSELL N. 833 MONTICELLO CT CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIKLAVCIC, JOSEPH PO BOX 419 PINELAND, FL 33945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKEE, WILLAM F 2325 WOODLEY AVE LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FETT, ELAINE 4346 HIDDEN RIVER ROAD SARASOTA, FL 34240

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U00000714899
04/27/07-80041-023 150.00

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 supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	Date: 4/16/07	Daytime Phone #: 941-951-8563
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