## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F94000004277

Entity Name: EXECUTIVE AIRLINES, INC.

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business:			N	New Principal Place of Business:		
4333 AMON CARTER BLVD., MD 5675 FORTH WORTH, TX 76155 US				4333 AMON CARTER BLVD., MD 5483 FORT WORTH, TX 76155 US		
Current Ma	ailing Addres	s:	N	ew Mailir	ing Address:	
	N CARTER BL ORTH, TX 76	.VD., MD 5675 155 US			ON CARTER BLVD., MD 5483 ORTH, TX 76155 US	
FEI Number:	66-0433166	FEI Number Applied For (	) FEI Numbe	er Not Appli	licable ( ) Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Ager	nt: N	ame and	Address of New Registered Agent:	
1200 SOUT PLANTATIO	ORATION SYS TH PINE ISLAI DN, FL 33324	ND ROAD US		h is		
in the State		submits this statement for	tne purpose of c	nanging it	its registered office or registered agent, or both	
SIGNATUR		is Oissantian of Descistance	-1 A 1		Dit	
		ic Signature of Registere	-		Date	
Election Cam	ıpaıgn Financıng	g Trust Fund Contribution()	•			
OFFICERS AND DIRECTORS:			Α	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	ARPEY, GERAL	RTER BLVD., MD 5621	Na Ad	tle: ame: ddress: ity-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	BOWLER, PET	RTER BLVD., MD 5605	Na Ad	tle: ame: ddress: ity-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	GOULET, BEVÉ	RTER BLVD., MD 5566	Na Ad	tle: ame: ddress: ity-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SOLED, KATHL	RTER BLVD., MD 5494	Na Ad	tle: ame: ddress: ity-St-Zip:	SVP (X) Change ( ) Addition HUTCHINSON, JOHN T 4333 AMON CARTER BLVD., MD 5494 FORT WORTH, TX 76155 US	
Title: Name: Address: City-St-Zip:	WIMBERLY, KE	RTER BLVD., MD5675	Na Ad	tle: ame: ddress: ity-St-Zip:	S (X) Change ( ) Addition SOLED, KATHLEEN A 4333 AMON CARTER BLVD., MD5483 FORT WORTH, TX 76155 US	
Title: Name: Address: City-St-Zip:	CRINER, EDWI	RTER BLVD., MD5494	Na Ad	tle: ame: ddress: ity-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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN A SOLED S 04/22/2009