2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000000595

Entity Name: SIMMONS AIRLINES, INC.

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business:			New Prir	New Principal Place of Business:			
	N CARTER BLY RTH, TX 7615			•			
Current Mailing Address:			New Mailing Address:				
	N CARTER BLY RTH, TX 7615						
FEI Number: 38-2036404 FEI Number Applied For ()		FEI Number Not Applicable () Certificate of Status Desired ()			sired()		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 US 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.							
SIGNATUR							
Electronic Signature of Registered Agent					Date		
Election Carr	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIC	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	GERARD J. ARF	RTER BLVD., MD 5621	Title: Name: Address: City-St-Zip:	PETER M BO 4333 AMON (CARTER BLVD., MD 5605		
Title: Name: Address: City-St-Zip:	GOULET, BEVE	RTER BLVD., MD 5566	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	MARLETT, CHAR	RTER BLVD., MD 5675	Title: Name: Address: City-St-Zip:	WIMBERLY, 4333 AMON (CARTER BLVD., MD 5675		
Title: Name: Address: City-St-Zip:	D () ARPEY, GERAR 4333 AMON CAF FORT WORTH,	D J RTER BLVD., MD 5621	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	GARTON, DANÍE	RTER BLVD., MD 5625	Title: Name: Address: City-St-Zip:	BOWLER, PE 4333 AMON (CARTER BLVD., MD 5625		
Title: Name: Address: City-St-Zip:	BEER, JAMES A	RTER BLVD., MD5627	Title: Name: Address: City-St-Zip:	WIMBERLY, 4333 AMON (CARTER BLVD., MD5675		

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: KENNETH W WIMBERLY S 04/29/2008