2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 15, 2007 8:00 am Secretary of State

DOCUMENT # F9700000758 1. Entity Name COMMEMORATIVE AIR FORCE, INC.				05-	15-2007 90	005 034 ****61	25	
PO BOX 62000 PO B		Mailing Address PO BOX 62000 MIDLAND, TX 79711-2					3) 11) 6 1 101 4	
Principal Place of Business - No P.O. Box # 3. M		3. Mailing Address	Mailing Address				WAI EI 1421	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092007 Chg	j-NP	CR2E037 (12/06)		
City & State		City & State		4. FEI Number 74-1484491		⊢	oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of Stat	us Desir e d -	S8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent		7. Name and Addre	ss of New Reg	Istered Agent		
	5,0,1,55		Name	ame				
RUSSELL, RICHARD D 1797 MITCHELL CT. DAYTONA BEACH, FL 32124			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
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			City	FL Zip Code : stered agent, or both, in the State of Florida. I am familiar with, and accept				
the obligat	ions of registered agent.						•	
	- Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered Agent signature requ	ared when reinstating)		DATE	. = = .	
	Signature, typed or printed name of registered agent Filling Fee is \$81.25 Due by May 1, 2007		npaign Financing	\$5.00 May Be Added to Fees		DATE Se check payable to a Department of Se		
	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIE	9. Election Can Trust Fund C	npaign Financing	\$5.00 May Be	Florida	te check payable to a Department of S	tate	
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12. I bereby 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 617, 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 Thought J. Houdystell Floyd S. Houch Stell 5/4/07 (439)563-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Design Proces