## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF

## Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90419 013 \*\*\*158.75 DOCUMENT # G84420 1. Entity Name AIR ŚCAN, INC. 4000 Principal Place of Business Mailing Address 7017 CHALLENGER AVE 7017 CHALLENGER AVE TITUSVILLE, FL 32780 TITUSVILLE, FL 32780 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 04242007 Chq-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-2391830 Not Applicable Ζıρ Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FOTOPULOS, THOMAS E. Street Address (P.O. Box Number is Not Acceptable) 7017 CHALLENGER AVE TITUSVILLE, FL 32780 City Zip Code FL 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\_ Signature, typodio, printed name of registerent agent and title if applicable DAILE (NOTE: Registered Agent signature required when hanstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS ■ Addition THLE SD ☐ Delete THLE Change MANSUR, JOHN W. NAME NAME STREET ADDRESS 7017 CHALLENGER AVE STREET ADDRESS CITY+ST ZIP TITUSVILLE, FL 32780 CITY ST ZIP TITLE TITLE ☐ Change Addition ☐ Delete HOLLOWAY, WALTER F NAME NAME STREET ANDRESS STREET ADDRESS 7017 CHALLENGER AVE TITUSVILLE, FL 32780 City St ZIP CITY ST ZIP PΩ ☐ Defete THUE ☐ Change Addition TITLE **FOTOPULOS THOMAS E** 215125 213745 STREET ADDRESS 7017 CHALLENGER AVE STREET ADDRESS CITY ST ZIP TITUSVILLE, FL 32780 CHY ST ZIP Change ☐ Delete Hith ☐ Addition 1611 ΤĎ MANSU, VICTORIA NAME NAME MANSUR, VICTORIA 7017 CHALLENGER AVE STREET ADDRESS 7017 CHALLENGER AVE STREET ADDRESS TITUSVILLE, FL 32780 CHY ST ZIP CITY - ST- ZIP TITUSVILLE, FL 32780 Change ☐ Addition THILE AS ☐ Delete THE GIBBONS, NANCY L NAME NAME 7017 CHALLENGER AVE STREET ADDRESS STREET ADORESS CITY-ST-ZIP TITUSVILLE, FL 32780 CITY ST 7/P TITLE ☐ Delete TITLE ☐ Change Addition BRENNAN, CHRYSEIA M NAME NAME 7017 CHALLENGER AVE STREET ADDRESS STREET ADDRESS CITY ST ZIP TITUSVILLE, FL 32780 CITY ST ZIP 12. Thereby certify that the information supplied with this filling 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

**FILED**