


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90046 023 ***150.00

DOCUMENT # H51849 1. Entity Name AIRPORT FLYERS, INC.	
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Principal Place of Business P.O. BOX 49948 SARASOTA, FL 34230-6948	Mailing Address P.O. BOX 49948 SARASOTA, FL 34230-6948
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DO NOT WRITE IN THIS SPACE

40021204



02012007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2519367	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BAND, DAVID S. C/O ABEL, BAND, RUSSELL, ET AL 240 SOUTH PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	DPT BAND, DAVID S. 240 PINEAPPLE AV, 10TH FL SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS KALIN, EDWARD L. 5252 S. TAMiami TRAIL SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV ORNS, JERRY 13041 AUTOMOBILE BLVD. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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  2/6/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #