2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J55149

Entity Name: EMERALD AIR SERVICES, INC.

FILED Aug 04, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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112 BEAL PKWY S.W.

FORT WALTON BEACH, FL 32548

Current Mailing Address: New Mailing Address:

112 BEAL PKWY S.W P.O. BOX 5573

FORT WALTON BEACH, FL 32548 FORT WALTON BEACH, FL 32549

FEI Number: 59-2762233 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WAGNER, CHRISTOPHER SCOTT WAGNER, CHRISTOPHER SCOTT 112 BEAL PKWY, SW 27 KELLY ST.

APT.B FORT WALTON BEACH, FL 32548 US FORT WALTON BEACH, FL 32548 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.

SIGNATURE: 08/04/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete (X) Change () Addition WAGNER, CHRISTOPHER S. WAGNER, CHRISTOPHER S. Name: Name: 27 KELLY ST. APT.B Address: 112 BEAL PARKWAY SW Address: City-St-Zip: FT.WALTON BCH., FL 32548 US City-St-Zip: FT.WALTON BCH., FL 32548 US

Title: Title: (X) Change () Addition () Delete WAGNER, DOUGLAS D. Name: WAGNER, DOUGLAS D. Name: 28 MORIARITY STREET 112 BEAL PARKWAY SW Address: Address: FT. WALTON BEACH, FL FT. WALTON BEACH, FL 32548 City-St-Zip: City-St-Zip:

Title: () Change (X) Addition Title: () Delete

Name: CARL A. BLOCK Name: 112 BEAL PARKWAY SW Address Address: City-St-Zip: City-St-Zip: FT. WALTON BCH., FL 32548 US

Title: () Delete Title: () Change (X) Addition

PAUL D. WAGNER Name: Name: Address: Address: 112 BEAL PARKWAY SW City-St-Zip: City-St-Zip: FT. WALTON BCH., FL 32548 US

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.

Ρ SIGNATURE: CHRISTOPHER S. WAGNER 08/04/2009