

2007 FOR PROFIT CORPORATION ANNUAL REPORT


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08232007 Chg-P CR2E034 (12/06)

DOCUMENT # J58139			
1. Entity Name E'-PRIME AEROSPACE CORPORATION			
Principal Place of Business P. O. BOX 6472 TITUSVILLE, FL 32781 US		Mailing Address P. O. BOX 6472 TITUSVILLE, FL 32782 US	
2. Principal Place of Business - No P.O. Box # 992 Stage Ave		3. Mailing Address 992 Stage Ave	
Suite, Apt. #, etc. Memphis, Tn. 38127		Suite, Apt. #, etc. Memphis, Tn.	
City & State Memphis, Tn. 38127		City & State Memphis, Tn.	
Zip 38127	Country USA	Zip 38127	Country USA
6. Name and Address of Current Registered Agent DAVIS, BETTY SCOTT 1221 SAND PINE CR TITUSVILLE, FL 32796		7. Name and Address of New Registered Agent Name Noreen Wilson Street Address (P.O. Box Number is Not Acceptable) 4360 Stillwaters Dr. City Merritt Island FL 32952	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD DAVIS, BETTY SCOTT 1221 SAND PINE CR TITUSVILLE, FL 32796 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition James D. Oldham III 9137 Riverbluff Rd Millington, TN. 38053
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, BOBBY G. 1221 SAND PINE CR TITUSVILLE, FL 32796 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Tres Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition June M Nichols 3320 S. Tropical Trails Florida 32952 Merritt Island
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELROD, RICHARD L 2525 BOLTON BOONE DR. APT #1401 DESOTO, TX <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO, Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Barry McFarland 18 Twin Spring Drive Boylston, Mass. 01545
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Nickious Willis Herren 1550 Holcomb st NW Palm Bay, Fl 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700110922137 10/17/07--01078--012 ++150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 2007
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: <u>James D. Oldham III</u> <u>Aug 23, 07</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			