2007 FOR PROFIT CORPORATION

Jan 16, 2007 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # J71712 01-16-2007 90218 021 ***158.75 1. Entity Name AIR POWER SERVICES, INC. Principal Place of Business Mailing Address 60001644 530 N. NEW WARRINGTON RD. 530 N. NEW WARRINGTON RD. PENSACOLA, FL 32506-5859 US PENSACOLA, FL 32506-5859 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092007 CR2E034 (12/06) Chg-P City & State City & State Applied For 4. FEI Number 59-2805155 Not Applicable Zip Country 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 WILLIAM W. SEARS, C.P.A., P.A. Street Address (P.O. Box Number is Not Acceptable) 6160 N. DAVIS HWY., STE. 7 PENSACOLA, FL 32504 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D Change Addition TITLE Delete TITLE STRONG ROBERT Change 5-30 N. NEW WARRINGTON Rd STRONG, ROBERT NAME NAME 3618 N PACE BLVD STREET ADDRESS STREET ADDRESS DENSACOLA, FL 32506-5859 US CITY-ST-ZIP PENSACOLA, FL 32505 CITY-ST-ZIP JOSEPH FERRARA Change DA 530 N. NEW WARRINGTON Rd. Change Addition TITLE D **☑** Delete FERRARA, JOSEPH NAME NAME STREET ADDRESS 3618 N PACE BLVD STREET ADDRESS PENSACOLA, FL 32506-5859 US CITY-ST-ZIP PENSACOLA, FL 32505 CITY-ST-ZIP TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE

NAME

SIGNATURE

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

Delete

☐ Delete

FERRANA 1-9-07
RECTOR Date

FILED

☐ Change

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■ Addition

■ Addition