


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>DOCUMENT # K19657</b><br>1. Entity Name<br><b>AIR BUYERS ASSOCIATES, INC.</b>  |  |   |  |    |  |
| Principal Place of Business<br><b>218 CRESTWOOD DRIVE<br/>SUMMERVILLE SC 29483<br/>US</b>   |  |   | Mailing Address<br><b>PO BOX 50504<br/>SUMMERVILLE SC 29485<br/>US</b> |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc. |  | 1st MOORE CR2E034 (10/05)   |  |
| City & State  |  | City & State                                  |  | 4. FEI Number <b>59-2935578</b>   |  |
| Zip   |  | Country                                       |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>STIVER, WILLIAM E<br/>850 SOUTH RIVER ROAD<br/>ENGLEWOOD FL 34223</b>   |  |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;"><b>FL</b> Zip Code</span> |  |
| 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 is voided when renewing) _____ DATE _____   |  |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |  |   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>           |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>REAGLE, MARTY<br>20485 STATE RD. 24 W<br>DEFIANCE OH 43512 | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Add  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | C<br>LASKIS, DAVE<br>1517 CEDAR LANE RD<br>GREENVILLE SC 29617   | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Add  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>STIVER, WILLIAM<br>850 S RIVER RD<br>ENGLEWOOD FL 34223     | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Add  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>ERICSON, MARK<br>1526 SASSAFRAS ST<br>ERIE PA 16502         | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Add  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>KAMIN, CARL<br>21026 CASS<br>CLINTON TOWNSHIP MI 48036-1401 | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Add  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                  | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Add  |  |



1st MOORE CR2E034 (10/05)

4. FEI Number **59-2935578** Applied For Not Applied

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

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03/17/06-80044-018 150.00

3206 941.270.144

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *William E Stiver* **WILLIAM E STIVER**