


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K19657</b> 1. Entity Name <b>AIR BUYERS ASSOCIATES, INC.</b>	
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Principal Place of Business <b>218 CRESTWOOD DRIVE SUMMERVILLE SC 29483 US</b>	Mailing Address <b>PO BOX 50504 SUMMERVILLE SC 29485 US</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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1st MOORE      CR2E034 (10/07)

City & State	City & State
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4. FEI Number <b>59-2935578</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>LASKIS, DAVID 5011 KERNWOOD CIRCLE PALM HARBOR FL 30245</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City
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**FL**      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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date. If applicable. (AOTF Registered Agent signature requires whole name and date)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	VP	
NAME	REAGLE, MARTY	
STREET ADDRESS	20485 STATE RD. 24 W	
CITY-ST-ZIP	DEFIANCE OH 43512	
TITLE	P	<input type="checkbox"/> Delete
NAME	LASKIS, DAVE	
STREET ADDRESS	1517 CEDAR LANE RD	
CITY-ST-ZIP	GREENVILLE SC 29617	
TITLE	S	<input type="checkbox"/> Delete
NAME	ERICSON, MARK	
STREET ADDRESS	1526 SASSAFRAS ST	
CITY-ST-ZIP	ERIE PA 16502	
TITLE	T	<input type="checkbox"/> Delete
NAME	KAMIN, CARL	
STREET ADDRESS	21026 CASS	
CITY-ST-ZIP	CLINTON TOWNSHIP MI 48036-1401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

U00000827862  
02/22/08-80007-016  Change  Addition

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:** *David A Laskis*      **DAVID A LASKIS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR