

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K89465

FILED
May 28, 2008
Secretary of State

Entity Name: ACTION HELICOPTERS, INC.

Current Principal Place of Business:

1901 BRICKELL AVE
STE 1814
MIAMI, FL 33129 US

New Principal Place of Business:

Current Mailing Address:

% SOLEIDA SHELNU
1901 BRICKELL AVE- STE 1814
MIAMI, FL 33129 US

New Mailing Address:

FEI Number: 65-0121598 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHELNU, SOLEIDA
1901 BRICKELL AVE
STE 1814
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

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:

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:

Title: DS () Delete
Name: SHELNU, SOLEIDA,
Address: 1901 BRICKELL AVE-STE 1814
City-St-Zip: MIAMI, FL 33129

Title: P () Delete
Name: SHELNU, PHILIP
Address: 1901 BRICKELL AVE, SUITE 1814
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: PHILIP SHELNU

PRES

05/28/2008

Electronic Signature of Signing Officer or Director

Date