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Secretary of State

04-18-2006 90010 013 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000064049

1. Entity Name
AIR SUPPORT INTERNATIONAL, LLC

Principal Place of Business	Mailing Address
4622 N. HIATUS ROAD SUNRISE, FL 33351	4622 N. HIATUS ROAD SUNRISE, FL 33351

04142006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
1500 NW 62ND STREET	1500 NW 62ND STREET
Suite, Apt. #, etc.: SUITE 412	Suite, Apt. #, etc.: SUITE 412
City & State: FORT LAUDERDALE, FL	City & State: FORT LAUDERDALE, FL
Zip: 33309 Country: USA	Zip: 33309 Country: USA

4. FEI Number: 01-0839053 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, MICHAEL
4622 N. HIATUS ROAD
SUNRISE, FL 33351

7. Name and Address of New Registered Agent

Name: MARK DWEN
Street Address (P.O. Box Number is Not Acceptable): 1500 NW 62ND STREET, SUITE 412
City: FORT LAUDERDALE FL Zip Code: 33309

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] MARK DWEN — DATE: 4-13-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMAS, MICHAEL 4622 N. HIATUS ROAD SUNRISE, FL 33351	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARK DWEN 1500 NW 62ND STREET, SUITE 412 FORT LAUDERDALE, FL 33309	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] MARK DWEN — Date: 4-13-06 — Daytime Phone #: (954)202-6244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE