2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 21, 2005 08:00 AM DOCUMENT # L16183 1. Entity Name **Secretary of State** AIR MARSHALL, INC. Principal Place of Business Mailing Address 2870 STIRLING ROAD HOLLYWOOD FL 33020 2870 STIRLING ROAD HOLLYWOOD FL 33020 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0147401 Not Applicable Zip Country Zip 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 Name MARSHALL, JR, DONALD PRES Street Address (P.O. Box Number is Not Acceptable) 2870 STIRLING ROAD HOLLYWOOD FL 33020 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PRES Delete HIER ☐ Change Addition NAME MARSHALL, DONALD JR STREET ADDRESS 2870 STIRLING ROAD STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-7/P CUY-ST-ZIP THE Delete TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Daiete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME U00000236898 02/21/05-80035-020 150.00 STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-70P TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete HTLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CIJY - ST - ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE:

SIGNATURE AND TIPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR