
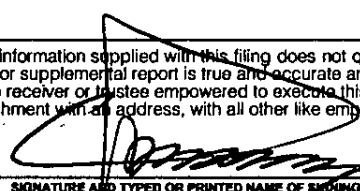


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L76268 1. Entity Name COUNTRY FLYIN, INC.		
Principal Place of Business 23799 SW 167 AVE HOMESTEAD, FL 33031	Mailing Address 23799 SW 167 AVE HOMESTEAD, FL 33031	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MUNZ, CHARLES P 23799 SW 167 AVE HOMESTEAD, FL 33031		DO NOT WRITE IN THIS SPACE
ENTERED JAN 14 2008		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MUNZ, CHARLES P. 19525 S.W. 248TH ST. HOMESTEAD, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

01132008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0335962	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000795490
01/28/08-80050-013 150.00

**DO NOT WRITE
IN THIS SPACE**

1/14/08 305-247-7226
Date Daytime Phone