

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L86863

FILED
Jan 10, 2006
Secretary of State

Entity Name: ADVANCED AIR AMBULANCE CORP.

Current Principal Place of Business:

12360 SW 132ND COURT
SUITE 208
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

12360 SW 132ND COURT
SUITE 208
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 65-0216762 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABBARA, M R
12360 SW 132ND COURT
SUITE 208
MIAMI, FL 33186 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: ABBARA, MUHAMMAD RD
Address: 10701 SW 146 CT
City-St-Zip: MIAMI, FL 33186

Title: VP () Delete
Name: MEYRELES, GUARIONEX A
Address: 13800 OLD CUTLER RD.
City-St-Zip: MIAMI, FL 33158

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: ABBARA, MUHAMMAD R
Address: 10701 SW 146 CT
City-St-Zip: MIAMI, FL 33186

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ABBARA

DS

01/10/2006

Electronic Signature of Signing Officer or Director

_____ Date