2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# M30435

Entity Name: CAPITAL AIR, INC.

FILED May 02, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2961 SW 23 TERRACE BAY 2

FORT LAUDERDALE, FL 33312 US

New Mailing Address: Current Mailing Address:

% MITCHELL A. SILVER P.O. BOX 22-3592 HOLLYWOOD, FL 330223592 US

FEI Number: 59-1235667 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CALLAHAN, PETER 2961 SW 23 TERRACE BAY 2 FORT LAUDERDALE, FL 33312 US

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

CALLAHAN, PETER CALLAHAN, PETER Name: Name: 3951 SW 47 AVE#105 2961 SW 23 TERR, BAY 2 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33314 City-St-Zip: FORT LAUDERDALE, FL 33314

Title: SDVP () Delete Title: SDVP (X) Change () Addition

CALLAHAN, TRACIE Name: CALLAHAN TRACIE Name: 3951 SW 47 AVE#105 2961 SW 23 TERR, BAY 2 Address: Address: FORT LAUDERDALE, FL 33314 FORT LAUDERDALE, FL 33314 City-St-Zip: 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: PETER CALLAHAN P-05/02/2009