.2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 27, 2008 08:00 AN **DOCUMENT # M75271 Secretary of State** 1. Entity Name OP AIR, INC. Principal Place of Business Mailing Address 1035 N INDIAN RIVER DR 1035 N INDIAN RIVER DR COCOA, FL 32922 US COCOA, FL 32922 No Chg-P CR2E034 (11/05) 02242008 Applied For 4. FEI Number 59-2884282 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TAYLOR, WILLIAM H. 1035 N INDIAN RIVER DR COCOA, FL 32922 IN THIS SPAC 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: Regustered Agent aignature required when retristating) DATE FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME TAYLOR, WILLIAM H. STREET ADDRESS 1035 N INDIAN RIVER DR. C/TY-ST-ZIP COCOA, FL 32922 TITLE Unnon0840814 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

WILLIAM H. TAYLOR

FEB.25,2008

FILED