2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2007
Secretary of State

DOCUMENT# N02000007901

Entity Name: M.E. FLYERS, INC.

Current Principal Place of Business:

735 AIRPARK ROAD
BLDG
EDGEWATER, FL 32132

New Principal Place of Business:

735 AIRPARK ROAD
BLDG 9C
EDGEWATER, FL 32132

Current Mailing Address:

735 AIRPARK ROAD
BLDG
EDGEWATER, FL 32132

New Mailing Address:

735 AIRPARK ROAD
BLDG 9C
EDGEWATER, FL 32132

FEI Number: 22-3884939 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRESTON, WILLIAM T
143 CANAL STREET
NEW SMYRNA BEACH, FL 32168 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

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: NEWBURG, JASON
Address: 2035 BLAIS AVE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: DIR ( ) Delete
Name: CORTEZ, BRANDI L
Address: 502 CHICKORY FLD LANE
City-St-Zip: PEARLAND, TX 77584

Title: SEC ( ) Delete
Name: THOMSON, SHARON
Address: 2035 BLAIS AVE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: TREA ( ) Delete
Name: NEWBURG, JASON
Address: 2035 BLAIS AVE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: VP ( ) Delete
Name: THOMSON, SHARON
Address: 2035 BLAIS AVE
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON THOMSON SEC 01/06/2007

Electronic Signature of Signing Officer or Director — Date