2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007
Secretary of State

DOCUMENT# N05000007509

Entity Name: AIRI ACRES, INC.

Current Principal Place of Business:

13100 PINE BOROUGH LANE
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

610 N PARROTT AVE
OKEECHOBEE, FL 34972

Current Mailing Address:

13100 PINE BOROUGH LANE
PALM BEACH GARDENS, FL 33418

New Mailing Address:

610 N PARROTT AVE
OKEECHOBEE, FL 34972

FEI Number: 20-3299092 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ADAMS, WILLIAM A
13100 PINE BOROUGH LANE
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

MURPHY, THOMAS R
610 N PARROTT AVE
OKEECHOBEE, FL 34972 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: THOMAS R. MURPHY 05/04/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BRISSON, TERRANCE
Address: 900 TREASURE CAY DR #106
City-St-Zip: FORT PIERCE, FL 34747

Title: D ( ) Delete
Name: ADAMS, WILLIAM A
Address: 13100 PINE BOROUGH LANE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D ( ) Delete
Name: SAMMONS, HOLLY
Address: 2219 SW FRANKLIN ST
City-St-Zip: PORT ST LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ANITA, NUNEZ
Address: 610 N PARROTT AVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: D (X) Change ( ) Addition
Name: DAVID, NUNEZ JR
Address: 610 N PARROTT AVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: D (X) Change ( ) Addition
Name: THOMAS, MURPHY R
Address: 610 N PARROTT AVE
City-St-Zip: OKEECHOBEE, FL 34972

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

SIGNATURE: THOMAS R. MURPHY D 05/04/2007
Electronic Signature of Signing Officer or Director Date