
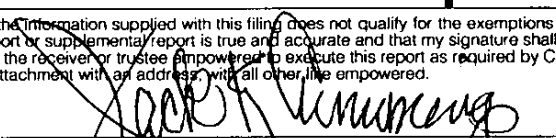


**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

[illegible]

<b>DOCUMENT # N05000008005</b>						<b>Secretary of State</b>	
1. Entity Name <b>MISSION PADAMO AVIATION AND SUPPORT, INC.</b>						04-27-2007 90183 004 ****61.25	
Principal Place of Business <b>8421 BAYMEADOWS WAY SUITE 3 JACKSONVILLE, FL 32256</b>				Mailing Address <b>8421 BAYMEADOWS WAY SUITE 3 JACKSONVILLE, FL 32256</b>			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address <b>P O Box 23881</b>			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State <b>JACKSONVILLE FL</b>			
Zip		Country		Zip <b>32241</b>		Country	
6. Name and Address of Current Registered Agent <b>CUMMINGS, JACK 8421 BAYMEADOWS WAY SUITE 3 JACKSONVILLE, FL 32256</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____							
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE		D <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		CUMMINGS, JACK		NAME			
STREET ADDRESS		8421 BAYMEADOWS WAY SUITE3		STREET ADDRESS			
CITY-ST-ZIP		JACKSONVILLE, FL 32256		CITY-ST-ZIP			
TITLE		D <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		DAWSON, JERALD		NAME			
STREET ADDRESS		101 TIMBER TR		STREET ADDRESS			
CITY-ST-ZIP		ISLAND LAKE, IL 60084		CITY-ST-ZIP			
TITLE		D <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		DAWSON, JOSEPH		NAME			
STREET ADDRESS		34924 HELEN COURT		STREET ADDRESS			
CITY-ST-ZIP		INGLESIDE, IL 60041		CITY-ST-ZIP			
TITLE		D <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		DAWSON, MICHAEL		NAME			
STREET ADDRESS		715 STOCKTON ROAD		STREET ADDRESS			
CITY-ST-ZIP		FRONT ROYAL, VA 22630		CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing 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 611, 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, line empowered.							
SIGNATURE: 				Date: <b>4/24/07</b> Daytime Phone #: <b>904-732-9567</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							