2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008891

Apr 30, 2007 Secretary of State

Entity Name: AGAPE INTERNATIONAL CHARTER AIR INC.

Current Principal Place of Business:	New Principal Place of Business:
Bullelli Fillicipai Flace VI Busilless.	New Fillicipal Flace of Dusilless.

10795 N.W. 53RD. STREET 601 N. E. 29TH DRIVE 16

SUNRISE, FL 33351 WILTON MANORS, FL 33334

Current Mailing Address: New Mailing Address:

10795 N.W. 53RD. STREET 601 N. E. 29TH DRIVE

SUNRISE, FL 33351 WILTON MANORS, FL 33334

FEI Number: 56-2540645 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:

SELASSIE, LEONA SELASSIE, LEONA 10795 N.W. 53RD. STREET 601 N. E. 29TH DRIVE

206

SUNRISE, FL 33351 US WILTON MANORS, FL 33334 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: LEONA SELASSIE 04/30/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete SELASSIE, LEONA SELASSIE, LEONA Name: Name:

10795 N.W.53RD. STREET Address: 601 N. E. 29TH DRIVE Address: SUNRISE, FL 33351 City-St-Zip: City-St-Zip: WILTON MANORS, FL 33334

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

BAPTISTE, VERNIE BAPTISTE, VERNIE Name: Name: Address: 145-49 178TH PLACE Address: 145-49 178TH PLACE City-St-Zip: JAMAICA, NY 11435 City-St-Zip: JAMAICA, NY 11435

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

REEVES, GANDY Name: Name: 223 ELWOOD ROAD Address: Address: City-St-Zip: EAST NORTH PORTH, NY 11731 City-St-Zip:

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

MOORE, RICK Name: Name: Address: 20051 NE 10TH AVE Address: City-St-Zip: NORTH MIAMI BEACH, FL 33179 City-St-Zip:

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

TEWELDE, DANIEL Name: Name: 2203 AVEX, APT.2F Address: Address: City-St-Zip: BROOKLYN, NY 11235 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEONA SELASSIE **PRES** 04/30/2007

Electronic Signature of Signing Officer or Director

Date