2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N05000008891

Entity Name: AGAPE INTERNATIONAL CHARTER AIR INC.

Current Principal Place of Business:

601 N. E. 29TH DRIVE
16
WILTON MANORS, FL 33334

New Principal Place of Business:

Current Mailing Address:

601 N. E. 29TH DRIVE
16
WILTON MANORS, FL 33334

New Mailing Address:

FEI Number: 56-2540645 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SELASSIE, LEONA
601 N. E. 29TH DRIVE
16
WILTON MANORS, FL 33334 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: P ( ) Delete
Name: SELASSIE, LEONA
Address: 601 N. E. 29TH DRIVE
City-St-Zip: WILTON MANORS, FL 33334

Title: V ( ) Delete
Name: BAPTISTE, VERNIE
Address: 145-49 178TH PLACE
City-St-Zip: JAMAICA, NY 11435

Title: D ( ) Delete
Name: REEVES, GANDY
Address: 223 ELWOOD ROAD
City-St-Zip: EAST NORTH PORTH, NY 11731

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

Title: D ( ) Delete
Name: TEWELDE, DANIEL
Address: 2203 AVEX, APT.2F
City-St-Zip: BROOKLYN, NY 11235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SELASSIE, LEONA A
Address: 601 N. E. 29TH DRIVE
City-St-Zip: WILTON MANORS, FL 33334

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 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 04/28/2008

Electronic Signature of Signing Officer or Director — Date