


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90384 024 ****61.25

DOCUMENT # N06000007986	
1. Entity Name	
FLORIDA ASSOCIATION OF FLIGHT INSTRUCTORS, INC	

Principal Place of Business	Mailing Address
4827 N LOIS AVE TAMPA FL 33614	4827 N LOIS AVE TAMPA FL 33614

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number 51-0595046	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
EVANS, THOMAS M 4827 N LOIS AVE TAMPA FL 33614

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered agent signature required when re-registering) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	NAME
P	EVANS, THOMAS M
STREET ADDRESS	4827 N LOIS AVE
CITY- ST- ZIP	TAMPA FL 33614
<input type="checkbox"/> Delete	
V	SCHAMEL, WALTER
STREET ADDRESS	2704 U.S. HWY 92
CITY- ST- ZIP	WINTER HAVEN FL 33881
<input type="checkbox"/> Delete	
S	WHEELER, RICHARD O
STREET ADDRESS	984 WHISPER LAKE DR
CITY- ST- ZIP	WINTER HAVEN FL 33807
<input checked="" type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	
CITY- ST- ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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 like empowered.

SIGNATURE: THOMAS M. EVANS 4/12/07 813 877 7581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR