2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15531

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

FILED Mar 15, 2005 Secretary of State

Entity Name: ANGEL FLIGHT SOUTHEAST, INC.

Current Principal Place of Business: New Principal Place of Business: 8864 AIRPORT BLVD. LEESBURG, FL 34788 US **Current Mailing Address: New Mailing Address:** 8864 AIRPORT BLVD. LEESBURG, FL 34788 US FEI Number: 59-2697223 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DEAL, DEBORAH A 376 NEWTON PL LONGWOOD, FL 32779 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition ELLINGTON, RANDY CHASNOV, KELLY Name: Name: 529 N. WYMORE RD. #205 Address: 13499 W. CLEVELAND AVE. Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: FT. MYERS, FL 33907 US Title: () Delete Title: () Change () Addition HOFFBERG, ALAN M Name: Name: Address: PO BOX 917750 Address: City-St-Zip: LONGWOOD, FL 32791 US City-St-Zip: Title: DC () Delete Title: () Change () Addition POWERS, TOM Name: Name: Address: 1858 NW 124TH AVE. Address: City-St-Zip: CORAL SPRINGS, FL 33071 US City-St-Zip: () Delete Title: VCH Title: () Change () Addition Name: SHOWALTER, JENNY Name: Address: PO BOX 140753 Address: City-St-Zip: ORLANDO, FL 32814 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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

Title:

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Address:

City-St-Zip:

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City-St-Zip:

SIGNATURE: DEBORAH A. DEAL PD 03/15/2005

above, or on an attachment with an address, with all other like empowered.

() Delete

() Delete

111 N. ORANGE AVE #1600

BONCK, STEPHEN

DEAL, DEBORAH A

LONGWOOD, FL 32779

376 NEWTON PL

ORLANDO, FL 32801

() Change () Addition

() Change () Addition