

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34034

FILED
Apr 26, 2007
Secretary of State

Entity Name: ORLANDO AIR CARGO ASSOCIATION, INC.

Current Principal Place of Business:

1075 GILLS DRIVE
340
ORLANDO, FL 32824 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 622011
ORLANDO, FL 32862 US

New Mailing Address:

P.O. BOX 620071
ORLANDO, FL 32862 US

FEI Number: 46-4762378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAVALLEE, RICHARD A
4308 WOODLYNNE LANE
ORLANDO, FL 32812 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: DP () Delete
Name: LAVALLEE, RICHARD
Address: 4308 WOODLYNNE LANE
City-St-Zip: ORLANDO, FL 32812

Title: DV () Delete
Name: BROOKS, HILDA
Address: 1018 NANCY CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: DT () Delete
Name: SUMMEY, JOHN
Address: 4245 LORI LOOP
City-St-Zip: WINTER SPRINGS, FL 32708

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: SUMMEY, JOHN
Address: 4245 LORI LOOP
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DT () Change (X) Addition
Name: ROSEN, MARIE
Address: 15636 MONTESINO DRIVE
City-St-Zip: ORLANDO, FL 32828

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: MARIE ROSEN

VT

04/26/2007

Electronic Signature of Signing Officer or Director

Date