


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000004077 1. Entity Name COUNTRY AIRE SERVICE CORPORATION	
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Principal Place of Business 38130 MCDONALD ROAD DADE CITY, FL 33525 US	Mailing Address PO BOX 907 SAN ANTONIO, FL 33576 US
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04202006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3584559	Applied For 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 NEWLON, JOSEPH 12146 CURLEY ST PO BOX 907 SAN ANTONIO, FL 33576

DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FINCH, GLEN 38144 WILLIAMS AIRZE ST DADE CITY, FL 33525	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLAIR, MAURICE 38111 MCDONALD STREET DADE CITY, FL 33525	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MCCALL, RICHARD 38155 MARTIN STREET DADE CITY, FL 33525	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAZZARI, EDWARD 38231 AL STREET DADE CITY, FL 33525	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SZYMANSKI, STAN #27 JOHN CIRCLE 38130 MCDONALD ROAD DADE CITY, FL 33525	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HOLLAND, GARY 38211 WILLIMAS RIDE ST. DADE CITY, FL 33525	

<p>U00000551248 05/13/06-80092-013 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  GLEN R FINCH <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4-27-06 <small>Date</small>	352-567-7817 <small>Daytime Phone #</small>
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