2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004077

Entity Name: COUNTRY AIRE SERVICE CORPORATION

Apr 24, 2008 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business |
|--------------------------------------|---------------------------------|
| | |

38130 MCDONALD ROAD DADE CITY, FL 33525

Current Mailing Address: New Mailing Address:

PO BOX 907

SAN ANTONIO, FL 33576 US

FEI Number: 59-3584559 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NEWLON, JOSEPH NEWLON, JOSEPH 12146 CURLEY ST 12620 CURLEY ST

SAN ANTONIO, FL 33576 US PO BOX 907

SAN ANTONIO, FL 33576 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: JOSEPH NEWLON 04/24/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

AYOTTE, SERGE AYOTTE, SERGE Name: Name: 38231 WILLIAMS AIREST Address: 38231 WILLIAMS AIRE #55 Address: City-St-Zip: DADE CITY, FL 33525 City-St-Zip: DADE CITY, FL 33525

Title: () Delete Title: TD (X) Change () Addition

BLAIR, MAURICE Name: RYAN, TOM Name:

Address: 38111 MCDONALD STREET Address: 38234 MARTIN ST. #35 City-St-Zip: DADE CITY, FL 33525 City-St-Zip: DADE CITY, FL 33525

Title: VD. () Delete Title: (X) Change () Addition

MCCALL, RICHARD MCCALL, RICHARD Name: Name: 38155 MARTIN STREET 38155 MARTIN STREET #19 Address: Address: City-St-Zip: DADE CITY, FL 33525 City-St-Zip: DADE CITY, FL 33525

Title: SD () Delete Title: SD (X) Change () Addition

MOGG, RITA Name: MOGG, RITA Name: 38150 WILLIAMS AIRE ST Address: Address: 38150 WILLIAMS AIRE ST #72 City-St-Zip: DADE CITY, FL 33525 City-St-Zip: DADE CITY, FL 33525

Title: Title:

(X) Delete () Change () Addition SZYMANSKI, STAN Name: Name:

#27 JOHN CIRCLE 38130 MCDONALD ROAD Address: Address: City-St-Zip: DADE CITY, FL 32525 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

HOLLAND, GARY Name: Name: Address: 38211 WILLIMAS RIDE ST. Address: DADE CITY, FL 33525 City-St-Zip: 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: SERGE AYOTTE PD 04/24/2008