

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000009904

FILED
Apr 10, 2007
Secretary of State

Entity Name: FLY RIGHT, INC.

Current Principal Place of Business:

4515 SW 27TH AVE
DANIA BEACH, FL 33312

New Principal Place of Business:

4515 SW 27TH AVE
FORT LAUDERDALE, FL 33312

Current Mailing Address:

4515 SW 27TH AVE
DANIA BEACH, FL 33312

New Mailing Address:

4515 SW 27TH AVE
FORT LAUDERDALE, FL 33312

FEI Number: 65-0997077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREEMAN, JEFFREY L ESQ.
666 NE 125 STREET
238
N MIAMI, FL 33161 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STORER, DAVID D
Address: 4515 SW 27TH AVE
City-St-Zip: DANIA BEACH, FL 33312

Title: ASST () Delete
Name: REIDY, DEVON L
Address: 4515 SW 27TH AVE
City-St-Zip: DANIA BEACH, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STORER, DAVID D
Address: 4515 SW 27TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: ASST (X) Change () Addition
Name: REIDY, DEVON L
Address: 4515 SW 27TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEVON L REIDY

ASST

04/10/2007

Electronic Signature of Signing Officer or Director

_____ Date