

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000043003

FILED
Apr 14, 2006
Secretary of State

Entity Name: STERLING FLIGHT TRAINING BY MALONE AIR, INC.

Current Principal Place of Business:

855 N ST. JOHN BLUFF RD
JACKSONVILLE, FL 32225

New Principal Place of Business:

855 N ST. JOHN BLUFF RD
#21
JACKSONVILLE, FL 32225

Current Mailing Address:

855 N ST. JOHN BLUFF RD
JACKSONVILLE, FL 32225

New Mailing Address:

855 N ST. JOHN BLUFF RD
#21
JACKSONVILLE, FL 32225

FEI Number: 59-3641032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALONE, MELINDA H
855 N ST. JOHN BLUFF RD
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

MALONE, MELINDA H
855 N ST. JOHN BLUFF RD
#21
JACKSONVILLE, FL 32225 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:

04/14/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MALONE, MELINDA H
Address: 855 N ST. JOHN BLUFF RD
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: MALONE, SCOTT H
Address: 855 N ST. JOHN BLUFF RD
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: MALONE, HAYDEN A
Address: 855 N ST. JOHN BLUFF RD
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: MALONE, IRENE A
Address: 855 N ST. JOHN BLUFF RD
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MALONE, MELINDA H
Address: 855 N ST. JOHN BLUFF RD #21
City-St-Zip: JACKSONVILLE, FL 32225

Title: D (X) Change () Addition
Name: MALONE, SCOTT H
Address: 855 N ST. JOHN BLUFF RD #21
City-St-Zip: JACKSONVILLE, FL 32225

Title: D (X) Change () Addition
Name: MALONE, HAYDEN A
Address: 855 N ST. JOHN BLUFF RD #21
City-St-Zip: JACKSONVILLE, FL 32225

Title: D (X) Change () Addition
Name: MALONE, IRENE A
Address: 855 N ST. JOHN BLUFF RD #21
City-St-Zip: JACKSONVILLE, FL 32225

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: IRENE A. MALONE

SECR

04/14/2006

Electronic Signature of Signing Officer or Director

Date