2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000043003

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

FILED Mar 21, 2009 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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Current Mailing Address: New Mailing Address:

FEI Number: 59-3641032 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

MALONE, MELINDA H

855 N ST. JOHN BLUFF RD

#21

JACKSONVILLE, FL 32225 US

MALONE, MELINDA H

855 N ST. JOHNS 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: 03/21/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 MALONE, MELINDA H
 Name:
 MALONE, MELINDA H

 Address:
 855 N ST. JOHN BLUFF RD #21
 Address:
 855 N ST. JOHNS BLUFF RD #21

City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: JACKSONVILLE, FL 32225

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

 Name:
 MALONE, SCOTT H
 Name:
 MALONE, SCOTT H

Address: 855 N ST. JOHN BLUFF RD #21
City-St-Zip: JACKSONVILLE, FL 32225
Address: 855 N ST. JOHNS BLUFF RD #21
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete Title: D (X) Change () Addition Name: MALONE, HAYDEN A Name: MALONE, HAYDEN A

 Address:
 855 N ST. JOHN BLUFF RD #21
 Address:
 855 N ST. JOHNS BLUFF RD #21

 City-St-Zip:
 JACKSONVILLE, FL 32225
 City-St-Zip:
 JACKSONVILLE, FL 32225

Title: D () Delete Title: D (X) Change () Addition
Name: MALONE, IRENE A Name: MALONE, IRENE A

Address: 855 N ST. JOHN BLUFF RD #21 Address: 855 N ST. JOHNS BLUFF RD #21
City-St-Zip: JACKSONVILLE, FL 32225
City-St-Zip: JACKSONVILLE, FL 32225

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 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 D 03/21/2009