2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 07, 2006 8:00 am Secretary of State DOCUMENT # P00000044992 04-07-2006 90021 001 ***150.00 1. Entity Name SUKANU AIR, INC. **ቧሀህን**.~ ~ Principal Place of Business Mailing Address 19988 SCRIMSHAW WAY P.O BOX 3129 TEQUESTA, FL 33469 TEQUESTA, FL 33469 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02272006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 52-2310525 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KANUTH, ROBERT C JR Street Address (P.O. Box Number is Not Acceptable) 19988 SCRIMSHAW WAY TEQUESTA, FL 33469 City Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE PD Change ■ Addition KANUTH, ROBERT C JR NAME NAME KANUTH, ROBERT C JR STREET ADDRESS 19988 SCRIMSHAW WAY STREET ADDRESS 19988 SCRIMSHAW WAY CITY-ST-ZIP TEQUESTA, FL 33469 CITY-ST-ZIP TEQUESTA, FL 33469 ☐ Delete TITLE ☐ Chance ☐ Addition SUNDT. PETTER NAME NAME BERGESEN DY A.S, DRAMMENSVN. 106 STREET ADDRESS STREET ADDRESS CITY-ST-7IP OSLO, NORWAY, 0205 CITY-ST-71P TITLE Delete TITL F Change ☐ Addition NAME STAHL, ELIZABETH NAME STAHL, ELIZABETH STREET ADORESS 19988 SCRIMSHAW WAY STREET ADDRESS 19988 SCRIMSHAW WAY CITY-ST-ZIP TEQUESTA, FL 33469 CITY-ST-ZIP TEQUESTA, FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 607, 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: ≤

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