


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90016 020 ***150.00

DOCUMENT # P00000055123	
1. Entity Name NATIONAL AIR TRANSPORT CHARTER, INC.	

Principal Place of Business 2899 W PROSPECT RD STE D FT LAUDERDALE, FL 33309 US	Mailing Address 2899 W PROSPECT RD STE D FT LAUDERDALE, FL 33309 US
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2. Principal Place of Business - No P.O. Box # 511 SE 5th AVE	3. Mailing Address 511 S.E. 5th AVE
Suite, Apt. #, etc. Suite 1403	Suite, Apt. #, etc. Suite 1403
City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL
Zip 33301	Country U.S.

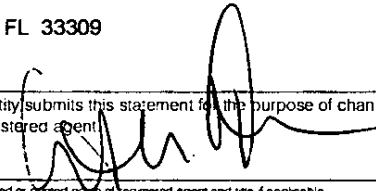


01242008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent TEMPERINO, ANTHONY 2899 W PROSPECT RD STE D FT LAUDERDALE, FL 33309	
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4. FEI Number 65-1010755	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 511 S.E. 5th AVENUE	
Suite Suite 1403	
City Ft. Lauderdale FL	Zip Code 33301

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 	DATE 1/24/08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME TEMPERINO, ANTHONY	
STREET ADDRESS 2899 W PROSPECT RD	
CITY-ST-ZIP FT LAUDERDALE, FL 33309	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 511 SE 5th Avenue, Suite 1403	
CITY-ST-ZIP Ft. Lauderdale, FL 33301	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.	
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SIGNATURE 	DATE 1/24/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone # (561) 483-5070