2008 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 18, 2008 8:00 am
Secretary of State
03-18-2008 90013 015 ***150.00

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1. Entity Name
STRATUS AVIATION, INC.

Principal Place of Business	Mailing Address
1315 N FERNCREEK AVE ORLANDO, FL 32803	1315 N FERNCREEK AVE ORLANDO, FL 32803

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	811 PARK LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: MADISON, GA
Zip / Country	Zip: 30650 / Country: USA

4. FEI Number: 59-3663616 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FARINACCI, MICHAEL A
1315 N FERNCREEK AVE
ORLANDO, FL 32803

7. Name and Address of New Registered Agent

Name: LEANNE ACOSTA
Street Address (P.O. Box Number is Not Acceptable): 1155 LOUISIANA AVE, SUITE 200
City: WINTER PARK FL Zip Code: 32789

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: Michael A. Farinacci — MICHAEL A. FARINACCI (OLD AGENT) — Lee Anne Acosta — LEANNE ACOSTA (NEW AGENT) — 03-08-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FARINACCI, MICHAEL A 1315 N. FERNCREEK AVE ORLANDO, FL 32803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MICHAEL A. FARINACCI 811 PARK LANE MADISON, GA 30650	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Michael A. Farinacci, President — 03-08-08 — (407)538-0768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #