2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004
Secretary of State

DOCUMENT# P00000084576

Entity Name: AMBUSTAT AIR AMBULANCE, INC.

Current Principal Place of Business:

1009 POOL COURT
ORLANDO, FL 32828

New Principal Place of Business:

619 HARDWOOD CIR
ORLANDO, FL 32828

Current Mailing Address:

1009 POOL COURT
ORLANDO, FL 32828

New Mailing Address:

619 HARDWOOD CIR
ORLANDO, FL 32828

FEI Number: 59-3668934 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARLOW, KELLY A
1009 POOL COURT
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

BARLOW, KRISTIN M
619 HARDWOOD CIRCLE
ORLANDO, FL 32828 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: KRISTIN BARLOW 03/30/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: M ( ) Delete
Name: BARLOW, KELLY
Address: 1009 POOL COURT
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: M (X) Change ( ) Addition
Name: BARLOW, KRISTIN
Address: 619 HARDWOOD CIRCLE
City-St-Zip: ORLANDO, FL 32828

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KRISTIN BARLOW P 03/30/2004
Electronic Signature of Signing Officer or Director Date