2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 09, 2005 08:00 AM DOCUMENT # P01000048247 **Secretary of State** AIRSTREAM INTERNATIONAL MANAGEMENT, INC. Principal Place of Business Mailing Address 2020 SW 36 TERRACE 2020 SW 36 TERRACE FT, LAUDERDALE, FL 33312 FT. LAUDERDALE, FL 33312 04072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4, FEI Number Applied For 65-1100156 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PRICE, ROBERT A DO NOT WRITE 2020 SW 36 TERRACE FORT LAUDERDALE, FL 33312 IN THIS SPACE 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature: Typed or prime of name of registered agent and trie if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 П Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10, D TITLE NAME PRICE, ROBERT A STREET ADDRESS 2020 SW 36 TERRACE FT. LAUDERDALE, FL 33312 CITY-ST-ZIP TITLE U00000296876 04/11/05-80004-017 150.00 NAME STREET ADDRESS CITY-57-7IP HILF NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP Ti Ti F IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify 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 first 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

954 907 1929

R.A. PLICE

NONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: