

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000101511

FILED
Mar 13, 2009
Secretary of State

Entity Name: AVIATION SAFETY OVERSIGHT GROUP, INC.

Current Principal Place of Business:

457 SE 20TH DRIVE
HOMESTEAD, FL 33033

New Principal Place of Business:

Current Mailing Address:

4636 LEBANON PIKE #388
HERMITAGE, TN 37076

New Mailing Address:

FEI Number: 80-0029552 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PERKINS, GARY K
457 SE 20TH DRIVE
HOMESTEAD, FL 33033 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PERKINS, GARY K
Address: 457 SE 20TH DRIVE
City-St-Zip: HOMESTEAD, FL 33033

Title: S,T () Delete
Name: SHERMAN, LAURA L
Address: 457 SE 20TH DRIVE
City-St-Zip: HOMESTEAD, FL 33033

Title: V () Delete
Name: PERKINS, KIP S
Address: 1235 BASS DRIVE
City-St-Zip: MT. JULIET, TN 37122

Title: D () Delete
Name: PERKINS, CASEY S
Address: 621 CREEKFRONT DRIVE
City-St-Zip: MT. JULIET, TN 37122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PERKINS, CASEY S
Address: 108 HILDALE DRIVE
City-St-Zip: MT. JULIET, TN 37122

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LAURA L SHERMAN

S,T

03/13/2009

Electronic Signature of Signing Officer or Director

_____ Date