# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 04, 2011**
**Secretary of State**

DOCUMENT# P01000119308

**Entity Name:** FLIGHT CREW TRAINING ASSOCIATES, INC.

**Current Principal Place of Business:**

4305 FRANCES DRIVE
DELRAY BEACH, FL 334453218

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 7629
DELRAY BEACH, FL 334827629

**New Mailing Address:**

**FEI Number: 68-0489092** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LASETER, ROBERT HOKE JR.
4305 FRANCES DRIVE
DELRAY BEACH, FL 334453218 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

**OFFICERS AND DIRECTORS:**

Title: PD
Name: LASETER, ROBERT HOKE JR.
Address: 4305 FRANCES DR
City-St-Zip: DELRAY BEACH, FL 33445

Title: STD
Name: LASETER, CARLENE L
Address: 4305 FRANCES DR
City-St-Zip: DELRAY BEACH, FL 33445

I hereby 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 all other like empowered.

SIGNATURE: ROBERT H LASETER PD 03/04/2011

Electronic Signature of Signing Officer or Director — Date