## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Jan 19, 2006 8:00 am **Secretary of State DOCUMENT # P02000001616** 01-19-2006 90082 012 \*\*\*158.75 1. Entity Name AIR TO AIR, INC. Principal Place of Business Mailing Address 4825 EXECUTIVE PARK CT. 3545-1 ST. JOHNS BLUFF ROAD S SUITE #101 BOX 312 JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32224 2. Principal Place of Business 3. Mailing Address 1578 DAVIS <u>1578 Davis Creek Ct</u> Suite, Apt. #, etc. Suite, Apt. #, etc. 01172006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 03-0373478 Not Applicable \$8,75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOWARD, RICK 4825 EXECUTIVE PARK CT. STE 101 JACKSONVILLE, FL 32216 ksonuil 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 Signature, typed or printed name of registered agent and the 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, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PRESIDENT Defeta TITLE Change HOWARD, RICK NAME HOWARD, RICK NAME 11578 DAVIS CREEK CT. STREET ADDRESS 4825 EXECUTIVE PARK CT., SUITE #101 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32216 CITY-ST-7IP TIFLE Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete mn F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED