2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)						<del></del>	FILED
DOCUMENT # P02000011153  1. Entity Name							Apr 28, 2005 08:00 AM
LIGHTNING AIR, INC.						7	Secretary of State
Principal Place of Business Mailing Address					<del>-</del>		
2409 53RD AVENUE WEST P.O. BOX 10265 BRADENTON FL 34207 - BRADENTON FL 34282							
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				1st MOORE CR2E034 (10/04)
City & State			City & State			4. FEI Number 43-2052136 Applied For Not Applicable	
Zip Country		Country	Zip		Country		5. Certificate of Status Desired \$8.75 Additional Fee Required
ļ- <del></del>	6. Name	and Address of Curren	Registered Agent		Name		7. Name and Address of New Registered Agent
KELLY LINGLE, BRYAN					Street Address (P.O. Box Number is Not Acceptable)		
2407 53RD AVE WEST BRADENTON FL 34207					- Sileet Add		- O. Box Number is Not Acceptable)
3.7.1.2.1.7.3.1.7.2.3.1.2.1					City		Zip Code
					City	anintar	<b></b>
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 title if applicable (NOTE Registered Agent signature required when refiniteting)  DATE							
	*****	FEE IS \$150.00	tranditie ir applicable (NOTE	. Hegistere	id Agent signature	requiec	
After May 1, 2005 Fee Will Be \$550.00  Make Check Payable to Florida Department of State							9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	k rayable ti	OFFICERS AND	s 4 y A spratus	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.
TITLE	D LINGLE, B	DVANI	☐ Delete	TITLI NAM			U00000340852
NAME STREET ADDRESS		AVENUE WEST			FFT ADDRESS		04/28/05-80134-015 158.75
CITY-ST-ZIP	BRADENT	ON FL 34207		-	'-ST-ZIP		☐ Change ☐ Addition
TITLE NAME			☐ Delete	TITL NAM			Change I Addition
CITY-ST-ZIP					EET ADDRESS '- ST- ZIP		
TITLE		<del> </del>	☐ Delete	11111	<del></del>		☐ Change ☐ Addition
NAME STREET ADDRESS				NAM STRE	EET ADDRESS		
CITY-ST-ZIP			···		'-SI-ZIP		
TITLE NAME			☐ Defete	TITL: NAM			Change Addition
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CITY-ST-ZIP	<del> </del>	<del></del> -,	☐ Delete	CITY	-ST-ZIP		☐ Change ☐ Addition
NAME		•	□ Delete.	NAM	IE .		Comingo Controlled
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '- ST- ZIP		
TITLE	<del>                                     </del>		☐ Delete	TITL	E		☐ Change ☐ A-####
NAME STREET ADDRESS				NAM STRI	EET ADDRESS		
CHY-ST-ZIP				- 4	'-SI-ZIP		

12. I hereby 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 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.

SIGNATURE: Buy Kulli Rufe La BRYAN KALLY WINGE SI 405-05 (94) 818 3419

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Description Property