


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90031 026 ***150.00

DOCUMENT # P02000071032	
1. Entity Name SUTTON AIR SERVICES, INC.	

Principal Place of Business 1326 S E 1ST STREET CAPE CORAL, FL 33990	Mailing Address 1326 S E 1ST STREET CAPE CORAL, FL 33990
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2. Principal Place of Business 1110 N.E. PINE ISLAND RD. Suite, Apt. #, etc. *13	3. Mailing Address 1110 N.E. PINE ISLAND RD. Suite, Apt. #, etc. *13
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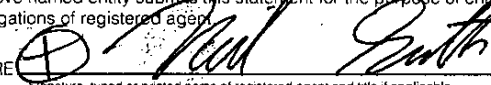
City & State Cape Coral, FLA.	City & State Cape Coral, FLA.
Zip 33909	Country USA

01052005 Chg-P CR2E034 (10/03)

4. FEI Number 27-0017971	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SUTTON, NEIL 1326 S E 1ST STREET CAPE CORAL, FL 33990	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 609 S.W. 22ND STREET City CAPE CORAL FL Zip Code 33991	
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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 	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUTTON, LAURA 1326 S E 1ST STREET CAPE CORAL, FL 33990 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SUTTON, NEIL JR. 1326 S E 1ST STREET CAPE CORAL, FL 33990 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 609 S.W. 22ND STREET CAPE CORAL, FLA. 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 609 S.W. 22ND STREET CAPE CORAL, FLA. 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 emplacements.

SIGNATURE 	DATE	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		