

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000081565

FILED
Apr 16, 2008
Secretary of State

Entity Name: IN-FLIGHT ONCALL AVIATION SERVICES, INC.

Current Principal Place of Business:

5255 TIVOLI AVENUE
SARASOTA, FL 34235

New Principal Place of Business:

Current Mailing Address:

5255 TIVOLI AVENUE
SARASOTA, FL 34235

New Mailing Address:

8028 WARWICK GARDENS LANE
UNIVERSITY PARK, FL 34201

FEI Number: 03-0475147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYES, GAIL
5255 TIVOLI AVENUE
SARASOTA, FL 34235 US

Name and Address of New Registered Agent:

HAYES, GAIL
8397 - 38TH ST. CIRCLE, EAST
#203
SARASOTA, FL 34243 US

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:

04/16/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: ST. HILAIRE, SHIRLAINE
Address: 8028 WARWICK GARDENS LANE
City-St-Zip: UNIVERSITY PARK, FL 34201

Title: SD () Delete
Name: HAYES, GAIL
Address: 5255 TIVOLI AVENUE
City-St-Zip: SARASOTA, FL 34235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: HAYES, GAIL
Address: 8397 - 38TH ST. CIRCLE, EAST
City-St-Zip: SARASOTA, FL 34243

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: SHIRLAINE ST. HILAIRE

MS.

04/16/2008

Electronic Signature of Signing Officer or Director

Date