

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000101850

FILED
Aug 24, 2007
Secretary of State

Entity Name: AIR TAXI DISTRIBUTION SYSTEMS, INC.

Current Principal Place of Business:

10100 WEST SAMPLE RD., SUITE 300
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

10100 WEST SAMPLE RD., SUITE 300
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 48-1302399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANGELL CORPORATE SERVICES, INC.
EDWARDS & ANGELL, LLP
ONE NORTH CLEMATIS ST., SUITE 400
W. PALM BEACH, FL 33401 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SIDEBOTTOM, MARK
Address: 2083 MOUNT PELIAR ST
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: KIELKUCKI, DAVE
Address: 6246 N.W. 82ND DRIVE
City-St-Zip: PARKLAND, FL 33306

Title: D () Delete
Name: SONGER, JOSEPH
Address: 10100 WEST SAMPLE RD., SUITE 300
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: DAVE KIELKUCKI

D

08/24/2007

Electronic Signature of Signing Officer or Director

Date