## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000110362

FILED Jan 12, 2008 Secretary of State

Entity Name: FLIGHTSTYLES CORP. **Current Principal Place of Business: New Principal Place of Business:** 200 AVIATION DR. N. SUITE 10 NAPLES, FL 34104 **New Mailing Address: Current Mailing Address:** 200 AVIATION DR. N. SUITE 10 NAPLES, FL 34104 US FEI Number: 81-0582506 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROCHIN, DAVID M ROCHIN, DAVID M 200 AVIÁTION DR. N. 200 AVIÁTION DR. N. NAPLES, FL 34104 SUITE 10 NAPLES, FL 34104 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: DAVID M ROCHIN 01/12/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition ROCHIN, DAVID Name: Name: 200 AVIATION DR. NORTH SUITE 10 Address: Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip: Title: ( ) Delete Title: () Change () Addition ROCHIN, LANI Name: Name: Address: 200 AVIATION DR. NORTH, SUITE 10 Address: NAPLES, FL 34104 City-St-Zip: 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: DAVID M ROCHIN PRES 01/12/2008