2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000033638

FILED Mar 23, 2009 Secretary of State

Entity Name: ADVANCED FLIGHT TRAINING INTERNATIONAL, INC.

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
.O. BOX 7801: EBASTIAN, FL		US	409 OAK ST. SEBASTIAN, FL 32958	3 US	
urrent Mailin	ng Address	s:	New Mailing Address	:	
.O. BOX 7801: EBASTIAN, FL		US			
El Number: 43-20	2008548	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
ame and Add	dress of C	urrent Registered Agent:	Name and Address of	New Registered Agent:	
09 OAK ST. EBASTIAN, FL	L 32958	US			
		ubmits this statement for the pu	urpose of changing its registered	office or registered agent, or both	
the State of F	Florida.	•		l office or registered agent, or both Date	
the State of F GNATURE: _	Florida. Electroni	ubmits this statement for the pu c Signature of Registered Ager Trust Fund Contribution ().		l office or registered agent, or both Date	
the State of F IGNATURE: _	Electroni	c Signature of Registered Ager Trust Fund Contribution ().	nt		
the State of F GNATURE: _ ection Campaign FFICERS AN le: P ame: SHA ldress: 409	Electroni gn Financing	c Signature of Registered Ager Trust Fund Contribution (). CORS: Delete DE	nt ADDITIONS/CHANGE	Date	
the State of F GNATURE: ection Campaign FFICERS AN le: P me: SHA dress: 409 dry-St-Zip: SEE le: TRE me: SHA dress: 409	Electroni gn Financing ND DIRECT () ARP, GERALI 9 OAK ST. BASTIAN, FL	c Signature of Registered Ager Trust Fund Contribution (). CORS: Delete D E 32958 US Delete D E	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip:	Date S TO OFFICERS AND DIRECTO	

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: GERALD E. SHARP P 03/23/2009