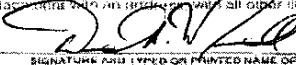


FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90252 046 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000052634			
1. Entity Name ETHIC AIRCRAFT SERVICES, INC.			
Principal Place of Business 6821 TECH CT FT MYERS, FL 33905		Mailing Address 6821 TECH CT FT MYERS, FL 33905	
2. Principal Place of Business 14180 DUKE HIGHWAY Suite, Apt. #, etc.		3. Mailing Address 14180 DUKE HIGHWAY Suite, Apt. #, etc.	
City & State ALVA FL		City & State ALVA FL	
Zip 33920		Country USA	
4. FEI Number 11-3690767		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KETCHUM, SCOTT MESO 892 GOODLETTE RD N NAPLES, FL 34102		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (Signature must be in ink. If not, it must be typed in block letters. If not, it must be typed in block letters. If not, it must be typed in block letters.)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PT MONACELL, DAVID A 6821 TECH CT FORT MYERS, FL 33905		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change 14180 DUKE HIGHWAY ALVA, FL 33920	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VS MARTINEZ, JEREMY C 13486 CARRIBEAN FT MYERS, FL 33905		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the recipient of trustee empowered to prepare 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 attached addendum in order to add all other duly empowered.			
SIGNATURE: 		DAVID A. MONACELL Date: 4/27/06 239 425 5870	