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	Mailing Address
6821 TECH CT FT MYERS, FL 33905	6821 TECH CT FT MYERS, FL 33905

60035005

04262006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
14180 DUKE HIGHWAY	14180 DUKE HIGHWAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ALVA FL	City & State: ALVA FL
Zip: 33920 Country: USA	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 M ESQ
692 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 ______________________________ DATE

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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	14180 DUKE HIGHWAY ALVA, FL 33920	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS MARTINEZ, JEREMY C 13486 CARRIBEAN FT MYERS, FL 33905	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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 receiver or trustee empowered to execute 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 attachment with an address, with all other like empowered.

SIGNATURE: [signature] DAVID A. MONACELL 4/27/06 239 425 5870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #