2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED May 23, 2005 8:00 am Secretary of State 05-23-2005 90005 019 ***550.00 **TUUUUU A A** 04042005 Chg-P CR2E034 (10/03) 4. FEI Number Applied For 14-1893498 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) City 6 DATE \$5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE ■ Addition NAME 931 Byron Lane STREET ADDRESS CITY-ST-ZIP

DOCUMENT # P03000064873 FRIENDLY'S AIR, INC. Principal Place of Business Mailing Address 6404 3RD AVENUE WEST 6404 3RD AVENUE WEST BRADENTON, FL 34209 BRADENTON, FL 34209 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 2ip Country Zip 6. Name and Address of Current Registered Agent BLALOCK, LANDERS, WALTERS & VOGLER PA 802 11TH STREET WEST BRADENTON, FL 34205 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) S. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS Delete SOUDERS, GERALD M MR. NAME STREET ACCRESS 6404 3RD AVE. W. CITY-ST-ZIP BRADENTON, FL 34209 TITLE ☐ Defete NAME VIMPENY, JEFFREY R MR STREET ACCRESS 993 62ND ST. W. CITY-ST-ZIP BRADENTON, FL. 34209 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-719 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY+\$T-ZIP CITY-ST-ZIP TITLE -Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information edicated 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.

OFFICER OR DIRECTOR