\*2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Jan 25, 2008 08:00 A Secretary of State DOCUMENT # P03000075885 1. Entity Name JADE-AIR AVIATION, INC. Principal Place of Business Mailing Address 5703 INVERNESS CIRCLE 5703 INVERNESS CIRCLE N FT MYERS FL 33903 N FT MYERS FL 33903 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEt Number 05-0579049 Not Applicable Ζıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PINTA, SCOTT R Street Address (P.O. Box Number is Not Acceptable) 5703 INVERNESS CIRCLE NORTH FORT MYERS FL 33903 City 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or praifed harmood roughmed orden and the if scipticable (NOTE: Registrated Agent eightfunn regulitert when reim bitting) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Defete TITLE Change Addition NAME PINTA, SCOTT R NAME STREET ADDRESS 5703 INVERNESS CIRCLE STREET ADDRESS CITY- ST-7IP N FT MYERS FL 33903 CITY-ST-799 ST TITLE Diciele TITLE ☐ Change Addition PINTA, JADE A NAME STREET ADDRESS 5703 INVERNESS CIRCLE STREET ADDRESS CITY-ST-ZIP N FT MYERS FL 33903 CITY-ST-ZIP Ifth ☐ Derete mr ☐ Change Addition U00000797158 NAME 01/29/08-80060-022 150.00 STREET ADDRESS STHEET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-31-ZIP ☐ Defete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TRUE Defete TITLE ☐ Change Addition ... MAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST-ZIP

12. Thereby certify that the information supplied with the filing does not qualify for the exemptions contained in Section 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 other 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/08

(239)995-5007

**FILED**