.2007 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Mar 29, 2007 08:00 A Secretary of State DOCUMENT # P03000102041 HUMPHREYS HELICOPTER SERVICE, INC. Principal Place of Business Mailing Address 83 SHANNON ROAD 83 SHANNON ROAD SARASOTA, FL 34240 SARASOTA, FL 34240 No Chg-P CR2E034 (11/05) 03082007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 54-2128682 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HUMPHREYS, RAY R DO NOT WRITE 83 SHANNON ROAD SARASOTA, FL 34240 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE D HUMPHREYS, RAY R NAME STREET ADDRESS 83 SHANNON ROAD CITY-ST-ZIP SARASOTA, FL 34240 TITLE NAME 04/05/07-80004-013 1\$a.ńn STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP