


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90451 009 ***150.00

DOCUMENT # P04000003514

1. Entity Name
AIR WE ARE INC.



Principal Place of Business
6888 MOORHEN CIRCLE
ORLANDO, FL 32810

Mailing Address
6888 MOORHEN CIRCLE
ORLANDO, FL 32810



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04122004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1213375

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PARRINELLO, SANDRA L
6888 MOORHEN CIRCLE
ORLANDO, FL 32810

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 _____
Signature of registered agent or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PARRINELLO, EMANUEL J	
STREET ADDRESS	6888 MOORHEN CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE	V	<input type="checkbox"/> Delete
NAME	PARRINELLO, SANDRA L	
STREET ADDRESS	6888 MOORHEN CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, MARK D	
STREET ADDRESS	550 HATTAWAY CIRCLE #25	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME	Charles H. Doran	
STREET ADDRESS	2811 Joken	
CITY-ST-ZIP	Eustis FL 32726	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Sandra Parrinello* **4-12-04** **407-298-2998**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #