


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90412 006 ***150.00

DOCUMENT # P04000012781	
1. Entity Name LHI AIR CORP.	

Principal Place of Business 4512 N FLAGLER DR SUITE 201 WEST PALM BEACH, FL 33407	Mailing Address 4512 N FLAGLER DR SUITE 201 WEST PALM BEACH, FL 33407
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50008695



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03292006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent	
MAY, MARK R 4512 N FLAGLER DR SUITE 201 WEST PALM BEACH, FL 33407	

4. FEI Number 20-0660239	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent	
Name <i>Hillary Harrison Guden, Esq.</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>4512 NORTH FLAGLER DR. Ste 201A</i>	
<i>W. PALM BCH</i>	<i>FL 33407</i>

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 <i>[Signature]</i>	DATE <i>3/29/06</i>

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MAY, MARK R 4512 N FLAGLER DR SUITE 201 WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>[Signature]</i>	DATE <i>3/29/06</i> (561) 835-1790