2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000064418

FILED Apr 28, 2009 Secretary of State

Entity Nam	ne: SKYLINE	AVIATION, INC.			
Current Pr	incipal Place	of Business:	New Principal Place o	f Business:	
330 PINE L CLEWISTO	ANE N, FL 33440				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
330 PINE L CLEWISTC	ANE N, FL 33440				
FEI Number:	65-0086705	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
MCGAHEE, MELANIE A ESQ. 417 WEST SUGARLAND HIGHWAY CLEWISTON, FL 33440 US			417 WEST SUGARLAN	MCGAHEE, MELANIE A 417 WEST SUGARLAND HIGHWAY CLEWISTON, FL 33440 US	
The above in the State		ubmits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: MELANIE A. MCGAHEE				04/28/2009	
	Electron	c Signature of Registered Age	nt	Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PT () EAVES, DAVID A 330 PINE LANE CLEWISTON, F		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	VPS () EAVES, BEVER 330 PINE LANE CLEWISTON, F		Title: (Name: Address: City-St-Zip:) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A. EAVES PT 04/28/2009