

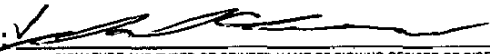


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90040 040 \*\*\*150.00

<b>DOCUMENT # P04000083547</b> 1. Entity Name <b>CHANDLER AIR, INC.</b>					
Principal Place of Business <b>2634 GRAND VALLEY BLVD #4310 ORANGE CITY, FL 32763 US</b>			Mailing Address <b>2634 GRAND VALLEY BLVD #4310 ORANGE CITY, FL 32763 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1989 E. Parkway</b> Suite, Apt. #, etc.		3. Mailing Address <b>1989 E. Parkway</b> Suite, Apt. #, etc.			
City & State <b>DeLand, FL</b> Zip <b>32724</b>		City & State <b>DeLand, FL</b> Zip <b>32724</b>		4. FEI Number <b>20-1169065</b>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHANDLER, DAVID A 2634 GRAND VALLEY BLVD #4310 DELAND, FL 32724</b>				7. Name and Address of New Registered Agent Name <b>David A Chandler</b> Street Address (P.O. Box Number is Not Acceptable) <b>1989 E. Parkway</b> City <b>DeLand</b> <b>FL</b> Zip Code <b>32724</b>	
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  <span style="float: right;">4-3-07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CHANDLER, DAVID A 2634 GROUND VALLEY BLVD APT #4310 ORANGE CITY, FL 32763</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP CHANDLER, SAMANTHA E 2634 GRANDE VALLEY BLVD APT #4310 ORANGE CITY, FL 32763</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 			Date <b>4-3-07</b> Daytime Phone #		