2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# P04000094368

Entity Name: ABS AVIATION CONSULTANCY, INC.

Current Principal Place of Business:

10014 N DALE MABRY HWY
SUITE 101
TAMPA, FL 33618

New Principal Place of Business:

13529 PRESTIGE PLACE
SUITE 108
TAMPA, FL 33635

Current Mailing Address:

10014 N DALE MABRY HWY
SUITE 101
TAMPA, FL 33618

New Mailing Address:

13529 PRESTIGE PLACE
SUITE 108
TAMPA, FL 33635

FEI Number: 20-1264518 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HODGES, MICHAEL A
10014 N DALE MABRY HWY
SUITE 101
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

HODGES, MICHAEL A
13529 PRESTIGE PLACE
SUITE 108
TAMPA, FL 33635 US

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.

SIGNATURE: 04/22/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HODGES, MICHAEL A
Address: 10014 N DALE MABRY HWY SUITE 101
City-St-Zip: TAMPA, FL 33618

Title: ST ( ) Delete
Name: HODGES, MELODIE A
Address: 10014 N DALE MABRY HWY SUITE 101
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HODGES, MICHAEL A
Address: 13529 PRESTIGE PLACE SUITE 108
City-St-Zip: TAMPA, FL 33635

Title: ST (X) Change ( ) Addition
Name: HODGES, MELODIE A
Address: 13529 PRESTIGE PLACE SUITE 108
City-St-Zip: TAMPA, FL 33635

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: MICHAEL A. HODGES P 04/22/2008
Electronic Signature of Signing Officer or Director — Date