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Secretary of State

04-26-2006 90225 027 ***150.00
05-04-2006 90199 041 ****61.25

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000170878

1. Entity Name
KATHY'S AIRPORT SERVICE, INC.

04282006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
4169 LAMSON AVENUE, SUITE 111 SPRING HILL, FL 34608	4169 LAMSON AVENUE, SUITE 111 SPRING HILL, FL 34608

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

4. FEI Number 65-1238257 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CABRAL, JOSEPH 9269 MARLER ROAD SPRING HILL, FL 34608	Name Carol Melen Street Address (P.O. Box Number is Not Acceptable) 4274 Candler Ave. City Spring Hill FL Zip Code 34608

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 Carolyn D. Melen DATE 4/28/06
Signature, typed 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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD CABRAL, JOSEPH 9269 MARLER ROAD SPRING HILL, FL 34608	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres, Sec, Treas. Carol Melen 4274 Candler Ave. Spring Hill, FL 34608	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres. Robert Melen 4274 Candler Ave. Spring Hill, FL 34608	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Joseph Cabral Outgoing President 4/28/06 666-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Carolyn D. Melen Incoming President 4/28/06