FILED
May 07, 2007 8:00 am
Secretary of State

04-18-2007 90175 003 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000014986

1. Entity Name
NOMAD AVIATION, ~~INC.~~

Principal Place of Business
88 STANDISH DR
ORMOND BEACH, FL 32176

Mailing Address
88 STANDISH DR
ORMOND BEACH, FL 32176

[redacted]

03032007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2131 SPINNER LANE	2131 SPINNER LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SANFORD, FL	City & State: SANFORD, FL
Zip: 32773 Country: USA	Zip: 32773 Country: USA

4. FEI Number: 20-2259162 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ROBESON, THOMAS F
88 STANDISH DR
ORMOND BEACH, FL 32176

7. Name and Address of New Registered Agent
Name: THOMAS F. ROBESON
Street Address (P.O. Box Number is Not Acceptable): 2131 SPINNER LANE
City: SANFORD FL Zip Code: 32773

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 ______________________________ DATE
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, 2007 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: D NAME: ROBESON, THOMAS F STREET ADDRESS: 88 STANDISH DR CITY-ST-ZIP: ORMOND BEACH, FL 32176	☐ Delete	TITLE: DPST NAME: THOMAS F. ROBESON STREET ADDRESS: 2131 SPINNER LANE CITY-ST-ZIP: SANFORD, FL. 32773	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: Director of operations NAME: James A. Schwab STREET ADDRESS: 2131 Spinner ln. CITY-ST-ZIP: Sanford FL 32773	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: James a. Schwab — 05/02/2007 — 407 585-3610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #