

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90022 027 ***150.00

DOCUMENT # P05000014986 1. Entity Name NOMAD AVIATION, INC.			
Principal Place of Business 2131 SPINNER LANE SANFORD, FL 32773		Mailing Address 2131 SPINNER LANE SANFORD, FL 32773	
2. Principal Place of Business - No P.O. Box # 4151 CENTERLINE LANE Suite, Apt. #, etc.		3. Mailing Address 4151 CENTERLINE LANE Suite, Apt. #, etc.	
City & State SANFORD, FLORIDA Zip 32773 Country USA		City & State SANFORD, FLORIDA Zip 32773 Country USA	
4. FEI Number 20-2259162		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBESON, THOMAS F 2131 SPINNER LANE SANFORD, FL 32773		7. Name and Address of New Registered Agent Name THOMAS F. ROBESON Street Address (P.O. Box Number is Not Acceptable) 4151 CENTERLINE LANE City SANFORD FL 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: <i>Thomas Robeson</i> (NOTE: Registered Agent signature required when reinstating) DATE: 3/26/08			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete ROBESON, THOMAS F 2131 SPINNER LANE SANFORD, FL 32773	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition THOMAS F. ROBESON 4151 CENTERLINE LANE SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SCHWAB, JAMES 2131 SPINNER LN SANFORD, FL 32773	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition THOMAS F. ROBESON 4151 CENTERLINE LANE SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 life empowered.			
SIGNATURE: <i>Thomas Robeson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 3/26/08 Daytime Phone #: 4075853610	