2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000026058

Entity Name: AIR-MEDICS NWF INC.

CRESTVIEW, FL 32539

City-St-Zip:

FILED Jan 21, 2007 Secretary of State

y		3100111111			
Current P	rincipal Plac	e of Business:	New Principal Place of Business:		
50 BAYOU DRIVE FORT WALTON BEACH, FL 32548			702 EAST JAMES LEE BLVD. CRESTVIEW, FL 32548		
Current M	lailing Addre	ess:	New Mailing Address:		
50 BAYOU DRIVE FORT WALTON BEACH, FL 32548			50 BAYOU DRIVE FORT WALTON BEACH, FL 32539		
FEI Number	: 20-2380085	FEI Number Applied For (FEI Number Not Applicable () Certificate of Status Desired ()		
Name and	Address of	Current Registered Agen	: Name and Address of New Registered Agent:		
50 BAYOL FORT WA The above	LTON BEACI	H, FL 32548 US	the purpose of changing its registered office or registered agent, or both,		
SIGNATU					
0.014/ (101		onic Signature of Registered	Agent Date		
Election Car	mpaign Financii	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P (CROUSSORE 3031 SANDY CRESTVIEW,	LANE	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	RICHARDSON 50 BAYOU DE) Delete I, JAMES W JR. RIVE NN BEACH, FL 32547	Title: VP/T (X) Change () Addition Name: RICHARDSON, JAMES W JR. Address: 50 BAYOU DRIVE City-St-Zip: FORT WALTON BEACH, FL 32547		
Title: Name: Address: City-St-Zip:	LAYNE, CHAR 615 REVERE) Delete RLES E ON BEACH, FL 32547	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address:	T (2 SWAFFORD, 695 ROBINSO		Title: () Change () Addition Name: Address:		

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: RICHARDSON JAMES W JR VP/T 01/21/2007