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2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000036255 03-19-2008 90021 032 ***150.00 BAKER'S EXPRESS AIR INC. CPEQPUUD Mailing Address Principal Place of Business 1050 US 1 UNIT 35 125 RIVERVIEW DR MALABAR, FL 32950 MALABAR, FL 32950 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02272008 CR2E034 (12/06) Chg-P Applied For City & State City & State 4. FEI Number 81-0667092 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAKER, JÖHN Street Address (P.O. Box Number is Not Acceptable) 125 RIVERVIEW DR. MALABAR, FL 32950 Zip Code City 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstalling) DATE 9. Efection Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P/S ☐ Addition TITLE ☐ Delete TITLE Change OAKS, JENNIFER NAME NAME STREET ADDRESS 125 RIVERVIEW DR. STREET ADDRESS MALABAR, FL 32950 CITY - ST - ZIP CITY-ST-ZIP VP/T ☐ Change TITLE ☐ Delete TITLE ■ Addition BAKER, JOHN NAME NAME STREET ADDRESS 125 RIVERVIEW DR. STREET ADORESS MALABAR, FL 32950 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE BAKER, JOHN NAME NAME 125 RIVERVIEW DR. STREET ADDRESS STREET ADDRESS MALABAR-FL-32950... CITY-ST-ZIP CITY-ST-ZIP_ TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Defete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 19, 2008 8:00 am Secretary of State