

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P05000070277 1. Entity Name AIR CHRISTIAN, INC.					
Principal Place of Business 12019 SW 39TH TERR. MIAMI, FL 33175			Mailing Address 12019 SW 39TH TERR. MIAMI, FL 33175		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 03312006 Chg-P CR2E034 (11/05)	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent DEAN, IAN R 12019 SW 39TH TERR. MIAMI, FL 33175				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
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	PTD DEAN, IAN R 12019 SW 39TH TERR. MIAMI, FL 33175	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DEAN, ELISA 12019 SW 39TH TERR. MIAMI, FL 33175	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Delete			
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 changed, or on an attachment with an address, with all other like empowered.			04/29/06-80083-010 150.00		
SIGNATURE: <i>I. Robert Dean</i> 04-04-2006			(305) 259-5611		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		