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2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
07 DEC 19 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07
(12/06)

DOCUMENT # P05000102794

1. Entity Name
WHITE SKY AVIATION, INC.

Principal Place of Business — Mailing Address

~~4047 TROP~~ ~~BOYNTON~~ White Sky Aviation
5832 NORTHWEST ARLEY COURT
PORT ST. LUCIE, FLORIDA 34986-4166

2. Principal Place of Business - No P.O. Box # | 3. Mailing Address
Suite, Apt. #, etc. | Suite, Apt. #, etc.
City & State | City & State
Zip | Country | Zip | Country

4. FEI Number: 20-3215909 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MERCADO, HECTOR
~~4047 TROPICAL GARDEN DRIVE~~
~~BOYNTON, FL 33436~~

7. Name and Address of New Registered Agent

Name
DAVID M. GAYNES, ESQUIRE
4327 SOUTH HIGHWAY #27
SUITE NUMBER 404
CLERMONT, FLORIDA 34711 — 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 [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

Did NOT Receive form back

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P.S	☐ Delete	TITLE		X Change ☐ Addition
NAME	MERCADO, HECTOR				
STREET ADDRESS	~~4047 TROPICAL GARDEN~~ 5832 NORTHWEST ARLEY COURT				
CITY-ST-ZIP	~~BOYNTON, FL 33436~~ PORT ST. LUCIE, FLORIDA 34986-4166				
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS	12/19		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ 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]
SIGNATURE OF OFFICER OR DIRECTOR — Date — Daytime Phone #
HECTOR MERCADO