2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000115850

COLE, JILL

16151 ADDISON ROAD

ADDISON, TX 75001

Name:

Address:

City-St-Zip:

Entity Name: PILOT SHOPS OF AMERIFLYERS, INC.

FILED Feb 22, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 801 NE 10TH STREET POMPANO, FL 33060 **Current Mailing Address: New Mailing Address:** 801 NE 10TH STREET POMPANO, FL 33060 FEI Number: 16-1731801 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVÉ PARK DRIVE SUITE 4 WESTON, FL 33331 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition HUSER, HOWARD D Name: Name: DUPAGE AIRPORT 3N040 POWIS ROAD Address: Address: City-St-Zip: WEST CHICAGO, IL 60185 City-St-Zip: Title: VSD Title: () Delete () Change () Addition Name: LAWRENCE, HUGH Name: 4201 NORTH MAIN STREET MEACHAM INTLAIRPORT Address: Address: FT WORTH, TX 76106 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition PLACA, STEPHEN Name: Name: 90 ARRIVAL AVENUE Address: Address: City-St-Zip: RONKONKOMA, NY 11779 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JILL COLE D 02/22/2007