2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# P05000139503

Entity Name: AVIATION INSURANCE SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

12469 EMERALD COAST PARKWAY
SUITE 103
DESTIN, FL 32550

New Principal Place of Business:

Current Mailing Address:

9515 HILLWOOD DRIVE
LAS VEGAS, NV 89134

New Mailing Address:

FEI Number: 20-3624598 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICHARD S. JOHNSON, P.A.
36008 EMERALD COAST PARKWAY
SUITE 301
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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:

Title: CHRM ( ) Delete
Name: HILL, RONALD A
Address: 9515 HILLWOOD DRIVE
City-St-Zip: LAS VEGAS, NV 89134

Title: TRES ( ) Delete
Name: HECKART, TERESA K
Address: 9515 HILLWOOD DRIVE
City-St-Zip: LAS VEGAS, NV 89134

Title: DIR ( ) Delete
Name: SHEPHARD, CARL
Address: 9515 HILLWOOD DRIVE
City-St-Zip: LAS VEGAS, NV 89134

Title: DIR ( ) Delete
Name: MEINHARDT, BRADLEY
Address: 9515 HILLWOOD DRIVE
City-St-Zip: LAS VEGAS, NV 89134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: TERESA K. HECKART TRES 04/16/2008

Electronic Signature of Signing Officer or Director — Date