

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000034058

Entity Name: LIBERTINE AVIATION, INC.

FILED
Jan 04, 2007
Secretary of State

Current Principal Place of Business:

11550 AVIATION BLVD
SUITE #1
WEST PALM BEACH, FL 33412

New Principal Place of Business:

Current Mailing Address:

11550 AVIATION BLVD
SUITE #1
WEST PALM BEACH, FL 33412

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARMON, GILLIAN
11550 AVIATION BLVD
SUITE #1
WEST PALM BEACH, FL 33412 US

Name and Address of New Registered Agent:

MAGILL, THOMAS
11550 AVIATION BLVD
SUITE #1
WEST PALM BEACH, FL 33412 US

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: THOMAS MAGILL

01/04/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: HARMON, DAVID
Address: 11550 AVIATION BLVD, SUITE #1
City-St-Zip: WEST PALM BEACH, FL 33412

Title: MD (X) Delete
Name: LEON, FRANK
Address: 13223 SW CITRUS BLVD
City-St-Zip: INDIANTOWN, FL 34956

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: MAGILL, THOMAS
Address: 11550 AVIATION BLVD, SUITE #1
City-St-Zip: WEST PALM BEACH, FL 33412

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

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.

SIGNATURE: THOMAS MAGILL

MD

01/04/2007

Electronic Signature of Signing Officer or Director

Date