2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000139351

Entity Name: COPAAIR MAINTENANCE SERVICES, INC.

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

13319 SW CITRUS BLVD. 20590 SW CITRUS BLVD

INDIANTOWN, FL 349563005 US INDIANTOWN, FL 349563005 US

Current Mailing Address: New Mailing Address:

20590 SW CITRUS BLVD 13319 SW CITRUS BLVD.

INDIANTOWN, FL 349563005 US INDIANTOWN, FL 349563005 US

FEI Number: 20-5805690 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:

STENCE, CHARLES D STENCE, CHARLES D 13319 SW CITRUS BLVD. 20590 SW CITRUS BLVD

INDIANTOWN, FL 349563005 US INDIANTOWN, FL 349563005 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: 03/23/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete STENCE, CHARLES D

Name: 16203 SW PALOMINO ST. Address: City-St-Zip: INDIANTOWN, FL 34956 US

() Delete Title: Name: STENCE, ABIGAIL J 16203 SW PALOMINO ST Address: INDIANTOWN, FL 34956

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition

STENCE, CHARLES D Name: 20590 SW PALOMINO ST. Address: City-St-Zip: INDIANTOWN, FL 34956 US

Title: (X) Change () Addition

Name: STENCE, ABIGAIL J Address: 20590 SW PALOMINO ST INDIANTOWN, FL 34956 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: CHARLES D. STENCE PT 03/23/2009