

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000050125

**FILED**  
**Feb 23, 2012**  
**Secretary of State**

**Entity Name:** AVIATION SAFETY ADVISORS INC

**Current Principal Place of Business:**

44 FENIMORE LANE  
PALM COAST, FL 32137 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 350426  
PALM COAST, FL 32135 US

**New Mailing Address:**

**FEI Number:** 13-4358877

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DESAI, AL  
7087 GRAND NATIONAL DR STE 102  
ORLANDO, FL 32819 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ZIELINSKY, JOHN  
Address: P O BOX 350426  
City-St-Zip: PALM COAST, FL 32135 US

Title: VP  
Name: ZIELINSKY, REBA  
Address: POST OFFICE BOX 350426  
City-St-Zip: PALM COAST, FL 32135

I hereby 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 all other like empowered.

SIGNATURE: JOHN ZIELINSKY

P

02/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date