2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000078055

Name:

Address:

City-St-Zip:

MCCARTHY, DANIEL D

SUNRISE, FL 33322

2741 N. PINE ISLAND RD #201

Entity Name: AIRPORT DISPATCH SERVICES, INC.

FILED Apr 20, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
11214 PINES BLVD., #211 PEMBROKE PINES, FL 33026 US		2741 N PINE ISLAND SUNRISE, FL 33322	2741 N PINE ISLAND RD #201 SUNRISE, FL 33322 US		
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
11214 PINES BLVD., #211 PEMBROKE PINES, FL 33026 US		2741 N PINE ISLAND RD			
PEMBROK	KE PINES, FL 33026	US	#201 SUNRISE, FL 33322	US	
FEI Number:	FEIN	umber Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
201 SUNRISE, The above	NE ISLAND ROAD FL 33322 US named entity submits of Florida.	s this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	npaign Financing Trust F	Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () Delete MCCARTHY, DANIEL D 5700 WINDSONG OAK LEESBURG, FL 34748	DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () Delete MCCARTHY, WILLIAM E 537 FAIROAKS DR FT. MILL, SC 29708	3	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	SD () Delete		Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: DANIEL D MCCARTHY SD 04/20/2008