2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 02, 2008 8:00 am Secretary of State 05-02-2008 90137 030 ***150.00 **DOCUMENT # P07000081493** BIG CYPRESS AVIATION, INC. Principal Place of Business Mailing Address 3003 TAMIAMI TRAIL NORTH 3003 TAMIAMI TRAIL NORTH SUITE 400 SUITE 400 NAPLES, FL 34103 NAPLES, FL 34103 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01292008 CR2E034 (12/06) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORINA, ROBERT D. TAFT, ELEANOR W 3003 TAMIAMI TRAIL NORTH SUITE 400 NAPLES, FL 34103 NAPLES 8. 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. I am familiar with, and accept the obligations of registered age Robert D. Coring SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MLE D ☐ Change X Addition TITLE ☐ Detete FLOOD, THOMAS J. NAME NAME STREET ADDRESS STREET ADDRESS 3003 TAMIAMI TRAIL NORTH, STE 400 CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34103 ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Defete ☐ Chance TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-782 Addition ☐ Delete ☐ Change TITLE TITI F NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Thomas J. Flood 4/30/08

(239) 261-4455

FILED