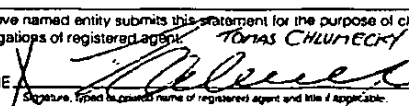
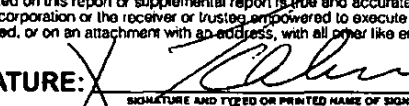


2008 FOR PROFIT CORPORATION ANNUAL REPORT

37

FILED
May 05, 2008 8:00 am
Secretary of State

03-26-2008 90021 001 ***150.00

DOCUMENT # P07000129847 1. Entity Name EVEKTOR AIRCRAFT, INC.					
Principal Place of Business 1333 AVENTURA WAY MELBOURNE, FL 32940			Mailing Address 1333 AVENTURA WAY MELBOURNE, FL 32940		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		66009766  03142008 Chg-P CR2E034 (12/06)	
City & State		City & State			
Zip Country		Zip Country			
4. FEI Number 61-1548676				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOSTIK, JOSEF 1333 AVENTURA WAY MELBOURNE, FL 32940				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 agent. SIGNATURE:  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) MARCH 20, 2008 DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	Delete ☐	TITLE	Change ☐	Addition ☐
NAME	BOSTIK, JOSEF		NAME		
STREET ADDRESS	1333 AVENTURA WAY		STREET ADDRESS		
CITY- ST- ZIP	MELBOURNE, FL 32940		CITY- ST- ZIP		
TITLE	VP	Delete ☐	TITLE	Change ☐	Addition ☐
NAME	CHLUMECKY, TOMAS		NAME		
STREET ADDRESS	SAKY 2		STREET ADDRESS		
CITY- ST- ZIP	PCHERY, -- 27308		CITY- ST- ZIP		
TITLE	SECR	Delete ☐	TITLE	Change ☐	Addition ☐
NAME	CHLUMECKY, TOMAS		NAME		
STREET ADDRESS	SAKY 2		STREET ADDRESS		
CITY- ST- ZIP	PCHERY, -- 27308		CITY- ST- ZIP		
TITLE	DIR	Delete ☐	TITLE	Change ☐	Addition ☐
NAME	CHLUMECKY, TOMAS		NAME		
STREET ADDRESS	SAKY 2		STREET ADDRESS		
CITY- ST- ZIP	PCHERY, -- 27308		CITY- ST- ZIP		
TITLE	DIRE	Delete ☐	TITLE	Change ☐	Addition ☐
NAME	BOSTIK, JOSEF		NAME		
STREET ADDRESS	1333 AVENTURA WAY		STREET ADDRESS		
CITY- ST- ZIP	MELBOURNE, FL 32940		CITY- ST- ZIP		
TITLE	DIRE	Delete ☐	TITLE	Change ☐	Addition ☐
NAME	PRUITT, BARRY		NAME		
STREET ADDRESS	216 ZOELLER LN		STREET ADDRESS		
CITY- ST- ZIP	BOERNE, TX 78006		CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing 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.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			MARCH 20, 2008 (321) 806-6668 Date Telephone #		