2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000135050

Entity Name: USEDAIRPLANES, INC.

Name:

Address:

City-St-Zip:

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2701 NORTH ROCKY POINT DRIVE **SUITE 1200** TAMPA, FL 33607 US **New Mailing Address: Current Mailing Address:** 2701 NORTH ROCKY POINT DRIVE SUITE 1200 TAMPA, FL 33607 US FEI Number: 26-1638719 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: THE LAW OFFICES OF NICK SPRADLIN, PLLC 12000 NORTH DALE MABRY HWY SUITE 110 TAMPA, FL 33618 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition Name: HORNE, MARK J Name: 2701 NORTH ROCKY POINT DRIVE SUITE 1200 Address: Address: City-St-Zip: TAMPA, FL 33607 US City-St-Zip: Title: **PRES** Title: () Delete () Change () Addition Name: HORNE, MARK J Name: 2701 NORTH ROCKY POINT DRIVE SUITE 1200 Address: Address: TAMPA, FL 33607 US City-St-Zip: City-St-Zip: Title: Title: SEC () Delete () Change () Addition HORNE, MARK J Name: Name: 2701 NORTH ROCKY POINT DRIVE SUITE 1200 Address: Address: City-St-Zip: TAMPA, FL 33607 US City-St-Zip: Title: TREA () Delete Title: () Change () Addition HORNE, MARK J

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: MARK J HORNE DIR 04/29/2009

2701 NORTH ROCKY POINT DRIVE SUITE 1200

TAMPA, FL 33607 US