2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

12. I hereby certify that the information sup-indicated on this report or supplementa of the corporation or the receiver or true changed, or on an attach

SIGNATURE:

Secretary of State 07-25-2007 90047 033 ****61.25 DOCUMENT # P12556 AIR MOBILE MINSTRIES, INC. 4012(100 Principal Place of Business Mailing Address 1427 CHAFFEE DRIVE, SUITE 5 8850 GRISSOM PKWY TITUSVILLE, FL 32780 TITUSVILLE, FL 32780 US 3. Mailing Address 8850 GRISSOM PKWI 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc 07112007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 72-0992001 Applied For ITUSVILL Not Applicable Country Zip 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. Name HURSTON, JOSEPH R. 5560 FAN PALM Street Address (P.O. Box Number is Not Acceptable) COCOA, FL 32927 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution Florida Department of State Due by September 14, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS PD TITLE ☐ Delete TITLE ☐ Change Addition HURSTON, JOSEPH R NAME 5560 FAN PALM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA, FL 32927 CITY-ST-ZIP STD ☐ Change ☐ Addition TITLE Delete BOSTROM, RICHARD NAME 3361 BISCAYNE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND, FL 32953 CITY-ST-ZIP ☐ Delete Change ☐ Addition HURSTON, CINDY 5560 FAN PALM STREET ADDRESS STREET ADDRESS COCOA, FL 32927 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

ME OF SIGNING OFFICER OR DIRECTOR

In this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 powered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED Jul 25, 2007 8:00 am