

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22939

FILED
Feb 18, 2010
Secretary of State

Entity Name: DMJM AVIATION, INC.

Current Principal Place of Business:

2202 N. WEST SHORE BLVD
SUITE 455
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

2202 N. WEST SHORE BLVD
SUITE 455
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 23-2499109 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title: S
Name: GREENSPAN, ELISE
Address: 605 THIRD AVENUE
City-St-Zip: NEW YORK, NY 10158

Title: D&O
Name: O'CONNOR, JOHN
Address: 2202 N. WEST SHORE BLVD, SUITE 455
City-St-Zip: TAMPA, FL 33607

Title: AS
Name: ORLIN, ROBERT
Address: 605 THIRD AVE
City-St-Zip: NEW YORK, NY 10158

Title: SVP
Name: JOSEPH, GLOWACKI
Address: 2202 N WEST SHORE BLVD., SUITE 455
City-St-Zip: TAMPA, FL 33607

Title: CFO
Name: HARTWIG, GLENN
Address: 5757 WOODWAY DRIVE, SUITE 101 WEST
City-St-Zip: HOUSTON, TX 77057

Title: P
Name: SMITH, LOREN
Address: 2202 N. WEST SHORE BLVD, SUITE 455
City-St-Zip: TAMPA, FL 33607

I hereby 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 all other like empowered.

SIGNATURE: ROBERT ORLIN

AS

02/18/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date