
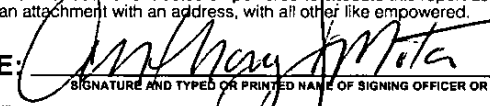


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90026 046 ***150.00

DOCUMENT # P25955 1. Entity Name OMNIFLIGHT HELICOPTERS, INC.					
Principal Place of Business 16415 ADDISON RD SUITE 400 ADDISON, TX 75001 US			Mailing Address 16415 ADDISON ROAD SUITE 400 ADDISON, TX 75001 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 75-2192527				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASEC BAILEY (ASST. SEC.), MICHAEL J MR <input type="checkbox"/> Delete 16415 ADDISON RD, STE 400 ADDISON RD, STE 400, TX 75001		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Michael Bailey 16415 Addison Road, Suite 400 Addison, Texas 75001-3263	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <input checked="" type="checkbox"/> Delete CROWELL, GAYLAN A MR 16415 ADDISON RD., STE 400 ADDISON, TX 75001		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Executive Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Robert A. Peiser 16415 Addison Road, Suite 400 Addison, Texas 75001-3263	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO <input type="checkbox"/> Delete BAILEY, MICHAEL J MR 16415 ADDISON RD, STE 400 ADDISON, TX 75001		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President and COO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Anthony J. DiNota 16415 Addison Road, Suite 400 Addison, Texas 75001-3263	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR <input checked="" type="checkbox"/> Delete BAILEY, MICHAEL J MR 16415 ADDISON RD, STE 400 ADDISON, TX 75001		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michael L. Nelson 16415 Addison Road, Suite 400 Addison, Texas 75001-3263	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR <input type="checkbox"/> Delete GONYO, JEFFREY A MR 16415 ADDISON RD, STE 400 ADDISON, TX 75001		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Richard R. Kracum 16415 Addison Road, Suite 400 Addison, Texas 75001-3263	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Anthony J. DiNota-President		972-776-0130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #