2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33068

FILED Jan 16, 2009 Secretary of State

Entity Name: YOWELL INTERNATIONAL AIRLINES INC.

Current P	rincipal Place	of Business:	New Principal Pla	ce of Business:	
	SPACE DR				
SUITE 102 MELBOUF	2 RNE, FL 32901	US			
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
PO BOX 1502			PO BOX 1502	PO BOX 1502	
	RNE, FL 32902	US	MELBOURNE, FL	32902	
FEI Number	: 31-1070270	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of C	urrent Registered Agent:	Name and Addres	s of New Registered Agent:	
100 AERÓ SUITE 102	NEIL T JR. OSPACE DRIVE 2 RNE, FL 32901				
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,	
	RF.				
SIGNATUI	· · ·				
SIGNATUI		c Signature of Registered Age	ent	Date	
	Electroni	c Signature of Registered Age	ent	Date	
Election Ca	Electroni	Trust Fund Contribution ().		Date NGES TO OFFICERS AND DIRECTOR	
Election Cal OFFICER Fitle: Name:	Electroni mpaign Financing S AND DIRECT	Trust Fund Contribution (). CORS: Delete DL			
Election Ca	Electroni mpaign Financing S AND DIRECT ST () YOWELL, CARC	Trust Fund Contribution (). CORS: Delete DL E DR STE 102	ADDITIONS/CHAN Title: Name:	NGES TO OFFICERS AND DIRECTOR	
Election Car OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address:	Electroni mpaign Financing S AND DIRECT ST () YOWELL, CARC 100 AEROSPAC MELBOURNE, F	Trust Fund Contribution (). ORS: Delete DL E DR STE 102 L 32901 Delete E DR STE 102	ADDITIONS/CHAN Title: Name: Address:	NGES TO OFFICERS AND DIRECTOR	
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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.

SIGNATURE: JAY YOWELL V 01/16/2009