2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000071599

Entity Name: COMMERCIAL AIR MANAGEMENT, INC.

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
11000-27 METRO PARKWAY FT MYERS, FL 33966 US				11000-27 METRO PARKWAY FORT MYERS, FL 33966 US	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
11000-27 METRO PARKWAY FT MYERS, FL 33966 US			11000-27 METRO PARKWAY FORT MYERS, FL 33966 US		
FEI Number	: 65-0443866	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
% WARCH 1633 SOU	, J. PATRICK HOL, ROLLING ITHEAST 47TH RAL, FL 3390				
The above in the State	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electror	nic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (BOUDREAUX, 8923 FALCON FORT MYERS,	POINT LOOP	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (BOUDREAUX, 8998 FALCON FORT MYERS,	POINTE LOOP	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (BOUDREAUX, 8998 FALCON FORT MYERS,	POINTE LOOP	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	T ()) Delete	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: PAUL BOUDREAUX P 04/21/2009

15880 SUMMERLIN ROAD STE 300

FORT MYERS, FL 33908

Address:

City-St-Zip: