2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 09, 2005 08:00 AM Secretary of State

DOCUMENT # P94000061793 1. Entity Name GLOBAL CUB AIR, INC.				Secretary of State	
444 SEABRI SUITE 900	ce of Business FEZE BLVD EACH, FL 32118	Mailing Address C/O LARRY STOUT 677 N BEACH ST ORMOND BEACH, FL 32174			
C	OO NOT WRITE	IN THIS SPA	CE	02222005 No Chg-P CR2E034 (10/03) 4. FEI Number	
6. Name and Address of Current Registered Agent					
STOUT, LARRY R 444 SEABREEZE BLVD SUITE 900 DAYTONA BEACH, FL 32118				DO NOT WRITE IN THIS SPACE	
8. The above	named entity submits this statement for the	ne purpose of changing its register	red office or register	ered agent, or both, in the State of Florida. I am familiar with, and acce	
signature.	Specific and provided and provided and the specific provided transfer and tran				
	FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Pile to prince range agent and late it applicable (NOTE Registered Agent signature required when rejustating) 9. Election Campaign Financing				
10.	OFFICERS AND DI	RECTORS		and the second s	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STOUT, LARRY R 444 SEABREEZE BLVD., SUITE 90 DAYTONA BEACH, FL	00 			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STOUT, MARY ANN 444 SEABREEZE BLVD., SUITE 90 DAYTONA BEACH, FL	0		03/09/05-80027-011 150.00	
TITLE NAME STREET ADORESS CITY-ST-ZIP				DO NOT WRITE	
TITLE			<u> </u>	IN THIS SPACE	

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplied entail 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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GNATUJE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

DRES. 3/3/2005

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