


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 08:00 AM
Secretary of State

| | | |
|-------------------------------------|--|---|
| DOCUMENT # P94000062449 | |  |
| 1. Entity Name J. & M. AIR, INC. | | |

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| Principal Place of Business 1901 W 47TH PLACE SUITE 200 WESTWOOD, KS 66205 US | Mailing Address 1901 W 47TH PLACE SUITE 200 WESTWOOD, KS 66205 US |
|--|--|

DO NOT WRITE IN THIS SPACE

01312005 No Chg-P CR2E034 (10/03)

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|--|-------------------------------|
| 4. FEI Number 48-1155938 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

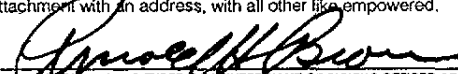
10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DC TREVINO, LEE 1901 W 47TH PLACE #200 WESTWOOD, KS 66205 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT TREVINO, CLAUDIA 1901 W 47TH PLACE, #200 WESTWOOD, KS 66205 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P STEVE GLASSMAN 1901 W. 47TH PLACE, #200 WESTWOOD, KS 66205 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BROWN, ARNOLD H. 1901 W 47TH PL STE 200 WEST WOOD, KS 66205 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

U000000272355
03/22/05-80001-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  3/15/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #