2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 07, 2008 08:00 A Secretary of State DOCUMENT # P94000064674 1. Entity Name HIGHLANDS HELICOPTER SERVICE, INC. Principal Place of Business Mailing Address 1 BEECH BOULEVARD 1 BEECH BOULEVARD DAYTONA BEACH, FL 32128 DAYTONA BEACH, FL 32128 US 01052008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3269597 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent PERROTT, PATRICK E MR DO NOT WRITE 1966 COUNTRY CLUB DR PORT ORANGE, FL 32128 IN THIS SPACE 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. If am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME PERROTT, PATRICK E MR U00000774643 01/07/08-80022-017 150.00 STREET ADDRESS 1966 COUNTRY CLUB DR CHY-ST-ZIP PORT ORANGE, FL 32128 TITLE NAME STREET ADDRESS CHY-SI-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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

CITY-ST-ZIP

SMATURE AND TIPED OF PRINTER NAME OF SIGNING OFFICER OF DIRECTOR

5/68 384-304-1

FILED