

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90034 040 \*\*\*158.75

<b>DOCUMENT # P95000052030</b> 1. Entity Name <b>ABOVE AIR, INC.</b>					
Principal Place of Business 1525 SE 14 CT DEERFIELD BEACH, FL 33441 US			Mailing Address 9835 16 LAKEWORTH RD PMB-111 LAKEWORTH, FL 33487 US		
2. Principal Place of Business <b>1525 SE 14 CT</b> Suite, Apt. #, etc.		3. Mailing Address <b>9835-16 Lake Worth Rd</b> Suite, Apt. #, etc. <b>PMB-111</b>			
City & State <b>DEERFIELD Bch, FL</b>		City & State <b>Lake Worth FL</b>		02112004 <b>Chg-P</b> CR2E034 (10/03) <b>Address Change</b>	
Zip <b>33441</b> Country <b>USA</b>		Zip <b>33467</b> Country <b>USA</b>		4. FEI Number <b>65-0592854</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>MARINO, CHRISTOPHER</b> <del>7525 N.W. 81ST TERRACE, #3401</del> <del>PARKLAND, FL 33067</del> <b>1525 SE 14 CT.</b> <b>DEERFIELD Bch,</b> <b>FL</b> <b>33441</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1525 SE 14 CT.</b> City <b>DEERFIELD Bch FL</b> Zip Code <b>33441</b>		
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 <u>C. MARINO, Pres</u> <span style="float: right;">2-12-04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BISHOP, CECELIA J 9312 BERT PINE CIRC. E. LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARINO, CHRISTOPHER 1525 SE 14 CT DEERFIELD BEACH, FL 33441		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLOVER, GUY 9835-16 LAKE WORTH RD LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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 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: <u>Cecelia J Bishop</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2-12-04</u> Daytime Phone # <u>341-0816</u>		