


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2007 8:00 am
Secretary of State

09-10-2007 90003 012 ***550.00

DOCUMENT # P95000081180		
1. Entity Name ALL FLORIDA AIR INC.		

Principal Place of Business 608 FERN AVE. HOLLY HILL, FL 32117-3361	Mailing Address 608 FERN AVE. HOLLY HILL, FL 32117-3361
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2. Principal Place of Business - No P.O. Box # 1455 N US 1 Suite, Apt. #, etc. Unit # 120	3. Mailing Address P.O. Box 250656 Suite, Apt. #, etc.
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City & State Ormond Beach Florida	City & State Holly Hill Florida
Zip 32174	Zip 32125
Country USA	Country USA



08162007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3324102	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SHANE, VICKIE PD 1203 N.US 1. ORMOND BEACH, FL 32174	7. Name and Address of New Registered Agent Name: Shane, Vickie President Street Address (P.O. Box Number is Not Acceptable) 2 Cliffview Lane City: Ormond Beach FL Zip Code: 32174
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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 _____

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHANE, VICKIE PD 2 CLIFFVIEW, LN. ORMOND BEACH, FL 32174 <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	TSD SHANE, VICKIE F TSD 2 CLIFFVIEW LN ORMOND BEACH, FL 32174 <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
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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 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: Vickie Shane Vickie Shane 09/07/2007 386 252-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #