2007 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CILY-ST-ZIP

May 02, 2007 08:00 A Secretary of State DOCUMENT # P96000004061 1. Entity Name CORPORATE AIRWAYS, INC. Principal Place of Business Mailing Address PO BOX 351000 PO BOX 351000 JACKSONVILLE, FL 32235 JACKSONVILLE, FL 32235 04242007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied Fo 4. FEI Number 59-3366471 Not Applic \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WALKER, JAMES V DO NOT WRITE 217 PONTE VERDE PARK DR PONTE VERDE BEACH, FL 32082 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. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. 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 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS **PST** TITLE DONALDSON, RICHARD R. NAME 855 ST. JOHNS BLUFF RD. N. STREET ADDRESS JACKSONVILLE, FL CITY-ST-ZIP TITLE U00000755032 NAME :05/22/07-80086-004/150:00 STREET ADDRESS CHY-SI-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

FILED

Richard MAJOLDINU POS (4/36/67

^{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 informati-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 direct 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 changed, or on an attachment with an address, with all other tike empowered.