## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000034916

Entity Name: AIR ALLIANCE, INC.

Name:

Address:

City-St-Zip:

MELTON, GENE

6920 CYPRESS WAY

ST. AUGUSTINE, FL 32086

FILED Sep 02, 2008 Secretary of State

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Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
	RESS WAY ISTINE, FL 32	2086			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P.O. BOX ST. AUGL	3941 JSTINE, FL 32	2080			
FEI Number	: 65-0671762	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
The above	JSTINE, FL 32 named entity e of Florida.		purpose of changing its registere	d office or registered agent, or both,	
		nic Signature of Registered Ag	gent	Date	
Election Ca	mpaign Financir	93(2)(b), F.S., the corporation did r ng Trust Fund Contribution().		ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P ( MOORE, MICH 6920 CYPRES ST. AUGUSTIN	) Delete HAEL L SS WAY	Title: Name: Address: City-St-Zip:	ES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V ( FOURNIER, L' 83 COMARES ST. AUGUSTIN	4A	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	V (	) Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL LEE MOORE PRES 09/02/2008