2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2007
Secretary of State

DOCUMENT# P96000035115

Entity Name: FLORIDA AVIATION CHARTER, INC.

Current Principal Place of Business:

4900 U.S. 1 NORTH
SUITE 200
ST. AUGUSTINE, FL 32095

New Principal Place of Business:

Current Mailing Address:

4900 U.S. 1 NORTH
SUITE 200
ST. AUGUSTINE, FL 32095

New Mailing Address:

FEI Number: 59-3389193 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, DUANE
4900 U.S. 1 NORTH
SUITE 200
ST. AUGUSTINE, FL 32095 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BROWN, DUANE
Address: 4900 U.S. 1 NORTH, SUITE 200
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: D ( ) Delete
Name: OTTESEN, BJORN
Address: 4900 U.S. 1 NORTH
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: D ( ) Delete
Name: STOCKDALE, KENNETH
Address: 14 2ND STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D ( ) Delete
Name: WELCH, BEN
Address: 5724 CROSSWINDS CIRCLE, SUITE 101
City-St-Zip: ST. AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: BJORN OTTESEN D 09/05/2007

Electronic Signature of Signing Officer or Director — Date