
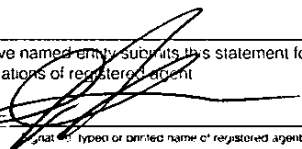
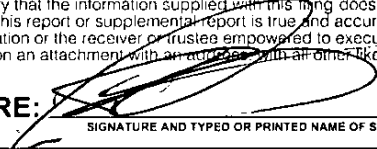


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90353 038 ***150.00

DOCUMENT # P96000069759 1. Entity Name AIR SUPPORT INTERNATIONAL, INC.					
Principal Place of Business 111 BRINY AVENUE SUITE 1914 POMPANO BEACH, FL 33062 US			Mailing Address 111 BRINY AVENUE SUITE 1914 POMPANO BEACH, FL 33062 US		
2. Principal Place of Business 2605 BAY DRIVE Suite, Apt. #, etc.			3. Mailing Address 2605 BAY DRIVE Suite, Apt. #, etc.		
City & State POMPANO BEACH, FL			City & State POMPANO BEACH, FL		
Zip 33062		Country USA		4. FEI Number 65-0689685	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent THOMAS, MICHAEL 111 BRINY AVE STE 1914 POMPANO BCH, FL 33062			7. Name and Address of New Registered Agent Name THOMAS, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 2605 BAY DRIVE City POMPANO BEACH FL Zip Code 33062		
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:  Michael Thomas DATE: 4-14-06 <small>(NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP D THOMAS, MICHAEL 111 BRINY AVE STE 1914 POMPANO BCH, FL 33062 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP D THOMAS, MICHAEL 2605 BAY DRIVE POMPANO BEACH, FL 33062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ST THOMAS, NANCY 111 BRINY AVE STE 1914 POMPANO BCH, FL 33062 <input checked="" 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		
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:  Michael Thomas DATE: 4-14-06 (954) 543-2974 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					