

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000036786

FILED
Jan 07, 2005
Secretary of State

Entity Name: TRADEWINDS INTERNATIONAL FLIGHT SCHOOL, INC.

Current Principal Place of Business:

2982 AVIATION WAY
FORT PIERCE, FL 34946

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 14139
FORT PIERCE, FL 349794139

New Mailing Address:

P.O. BOX 14139
FORT PIERCE, FL 34979

FEI Number: 65-7747091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARNAHAN, ERNIE
11470 CARLTON RD
PORT ST LUCIE, FL 34987 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: CARNAHAN, ERNIE
Address: 11470 CARLTON ROAD
City-St-Zip: PORT ST LUCIE, FL 34988

Title: S () Delete
Name: CARNAHAN, JACQUELINE
Address: 11470 CARLTON RD
City-St-Zip: PORT SAINT LUCIE, FL 34947

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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: ERNIE CARNAHAN

D

01/07/2005

Electronic Signature of Signing Officer or Director

_____ Date