2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# P97000047113

Entity Name: AIR ADVENTURES OF CLEWISTON, INC.

Current Principal Place of Business:

3200 AIRGLADES BLVD
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

3200 AIRGLADES BLVD
AIRGLADES AIRPORT
CLEWISTON, FL 33440

New Mailing Address:

408 EAST DELMONTE AVE
CLEWISTON, FL 33440

FEI Number: 65-0755825 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AIR ADVENTURES
3200 AIRGLADES BLVD
CLEWISTON, FL 33440 US

Name and Address of New Registered Agent:

AIR ADVENTURES
408 EAST DELMONTE AVE
CLEWISTON, FL 33440 US

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: 04/15/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: ESMIOL, CALEB
Address: 3200 AIRGLADES BLVD.
City-St-Zip: CLEWISTON, FL 33440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: ESMIOL, KARI
Address: 408 EAST DELMONTE AVE
City-St-Zip: CLEWISTON, FL 33440

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: KARI ESMIOL DPS 04/15/2008
Electronic Signature of Signing Officer or Director — Date