2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000092034

1. Entity Name

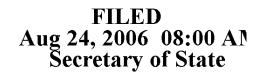
ESSENTIAL AIR SERVICES INTERNATIONAL INC.



Principal Place of Business

POST OFFICE BOX 622633 ORLANDO, FL 32862-2633 Mailing Address

POST OFFICE BOX 622633 ORLANDO, FL 32862-2633





		*2				, 1					
D	0	٩	10	T(·W	RI'	TE	IN	THIS	SPA	CE

08152006 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number

59-3487823 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

NURSE, ROBERT L 4101 LINDY CIRCLE ORLANDO, FL 32827

changed, or on an attachment with

SIGNATURE:

address, with all other like empowered.

DO NOT WRITE IN THIS SPACE

					· · · · · · · · · · · · · · · · · · ·							
					Burney Burney							
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. U00000575175												
SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE												
-	LE NOW!!! FEE IS \$150.00 ue by September 6, 2006	9. Election Campaign Finan - Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.							
10.	OFFICERS AND DIREC	CTORS		,								
TITLE	PST		1.6									
NAME	NURSE, ROBERT L			*								
STREET ADDRESS CITY-ST-ZIP	POST OFFICE BOX 622633 ORLANDO, FL 328622633		$\frac{1}{2}$ $\frac{1}{2}$									
TITLE	01001100,112 020022000											
NAME												
STREET ADDRESS				• • •								
CITY-ST-ZIP												
TITLE					and the second second second second							
NAME STREET ADDRESS												
CITY-ST-ZIP				DO	NOT WRITE							
TITLE	• "			iki i	THIS COACE							
NAME				IIN	THIS SPACE							
STREET ADDRESS			1000		and gradients he had been been been been been been been bee							
CITY-SI-ZIP			ž									
TITLE												
NAME STREET ADDRESS			35 D	·								
CITY+ST-ZIP			•	•	· · · · · · · · · · · · · · · · · · ·							
TITLE					The training of the second of the second							
NAME			· · · ·									
STREET ADDRESS			*									
CITY-ST-ZIP	L		43305		and the transfer of the second							
indicated	on this report or supplemental report is true:	and accurate and that my signat	ure shall hav	e the same legal effe	9, Florida Statutes further certify that the information							