2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Apr 04, 2007 08:00 All Secretary of State DOCUMENT # P98000010369 1. Entity Name PHOENIX EAST AVIATION USA, INC. Principal Place of Business Mading Address 561 PEARL HARBOR DRIVE 561 PEARL HARBOR DRIVE DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3492191 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EDWARDS, DAVID J Street Address (P.O. Box Number is Not Acceptable) 200 N LAURA ST, 12TH FLOOR JACKSONVILLE FL 32202 City Zip Code 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 Signature, typed or printed name of registered agent and little i applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HHE ☐ Delete TITLE ☐ Change Addition EDWARDS, SPENCE J NAMI NAME U00000689411 561 PEARL HARBOR DRIVE STRUET ADDRESS STREET ADDRESS 04/11/07-80034-013.158.75 DAYTONA BEACH FL 32114 CITY- ST-ZIP CITY-ST-7IP HILE ☐ Delete Change Addition RESLAN, GHASSAN M NAME: NAME 561 PEARL HARBOR DRIVE STREET ADDRESS. STREET ADDRESS DAYTONA BEACH FL 32114 CITY-S1-7IP CHY-S1-7/P Delete BHT TITLE ☐ Change Addition TRUSSELL, RICHARD T NAMI NAME STREET ADDRESS 561 PEARL HARBOR DRIVE STREET ADDRESS DAYTONA BEACH FL 32114 CHY-ST-70 CITY-ST-7IP THE ☐ Delete IIIIE ☐ Change Addition NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Delete DIFF ☐ Change Addition THLE NAME NAME STRUET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP THE ☐ Delete HILE: Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-SI-ZIP 12. I hereby certify that the information supplied with his filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report of the corporation or the receiver of trustee employered 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