2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

FILED Mar 17, 2008 08:00 A Secretary of State DOCUMENT # P98000010369 1. Entity Name PHOENIX EAST AVIATION USA, INC. Principal Place of Business Mailing 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 (10/07) 4. FEI Number City & State City & State Applied For 59-3492191 Not Applicable Ζıp Country Ζφ Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EDWARDS, DAVID J Street Address (P.O. Box Number is Not Acceptable) 200 N LAURA ST, 12TH FLOOR JACKSONVILLE FL 32202 Zin Code City 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 5 deather, typed or primed uson of rog strood agent and the Tappication. (NOTE: Registered Appril a group in regional wheel reinstating) DATE FILE NOW!!! FEE IS \$150.00 B 158.15 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Defete TITLE TITLE EDWARDS, SPENCE J NAME NAME 561 PEARL HARBOR DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32114 CITY-ST-2IP ■ Addition TIT: F Derete TITLE Change RESLAN, GHASSAN M NAME NAME STREET ADDRESS 561 PEARL HARBOR DRIVE STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32114 CITY-ST-ZIP Addition TILE ☐ Darete Change TIRE 2245 NAME TRUSSELL, RICHARD T STREET ADDRESS STREET ADDRESS 561 PEARL HARBOR DRIVE CITY-ST-ZIE CITY-ST-ZIP DAYTONA BEACH FL 32114 THE Delete THEF Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIS CITY-ST-ZIP TITLE Deiete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP 12. Thereby certify that the information supplied with this filling 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 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.