2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000061388

Entity Name: PINELLAS PILOTS ASSOCIATION, INC.

FILED Apr 19, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

P.O. BOX 861 P.O. BOX 17838

SAFETY HARBOR, FL 346950861 CLEARWATER, FL 33762

Current Mailing Address: New Mailing Address:

P.O. BOX 861 P.O. BOX 17838

SAFETY HARBOR, FL 346950861 CLEARWATER, FL 33762

FEI Number: 59-3519580 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FELLOWS, DAVID KUTZ, MIKE T

5 FERNERY LANE 6107 TANGLEWOOD DR. NE

SAFETY HARBOR, FL 34695 US SAINT PETERSBURG, FL 33703 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: MIKE KUTZ 04/19/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 FELLOWS, DAVID
 Name:
 WHITE, MIKE

 Address:
 5 FERNERY LN
 Address:
 PO BOX 17838

City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: CLEARWATER, FL 33762

 Name:
 BARRETT, ROBERT
 Name:
 VAZQUEZ, JAMES

 Address:
 1101 7TH ST SOUTH
 Address:
 PO BOX 17838

City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: CLEARWATER, FL 33762

Title: T () Delete Title: T (X) Change () Addition

 Name:
 VERMETTE, JOSEPH S
 Name:
 KUTZ, MIKE

 Address:
 7436 BAY ST NE
 Address:
 PO BOX 17838

City-St-Zip: SAINT PETERSBURG, FL 33702 City-St-Zip: CLEARWATER, FL 33762

Title: S () Delete Title: OM (X) Change () Addition Name: KUTZ, A. MIKE Name: TATUM, WALT

Address: 6107 TANGLEWOOD DR NE Address: PO BOX 17838

City-St-Zip: SAINT PETERSBURG, FL 33703 City-St-Zip: CLEARWATER, FL 33762

Title: () Delete Title: OM () Change (X) Addition

 Name:
 Name:
 FORREST, RAY

 Address:
 Address:
 PO BOX 17838

City-St-Zip: City-St-Zip: CLEARWATER, FL 33762

I hereby certify that the information supplied with this filing does not qualify for the 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: MIKE KUTZ T 04/19/2006