


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90831 013 ***150.00

DOCUMENT # P98000077242	
1. Entity Name EASTERN SHORE AVIATION, INC.	

Principal Place of Business 6090 S.R. 80 WEST ALVA, FL 33920 US	Mailing Address 6090 S.R. 80 WEST ALVA, FL 33920 US
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90052714



2. Principal Place of Business - No P.O. Box # 6090 SR 80 WEST Suite, Apt. #, etc.	3. Mailing Address 6090 SR 80 WEST Suite, Apt. #, etc.
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03122007 Chg-P CR2E034 (12/06)

City & State LABELLE FL	City & State LABELLE FL
Zip 33935	Country FL

4. FEI Number 65-0874401	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SHULTS, MICHAEL LEO 6118 S.R. 80 WEST ALVA, FL 33920	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
Labelle FL	FL
Zip Code	33935

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 Michael Shults	President
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
DATE 4-27-07	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VSD	NAME SHULTS, MICHAEL LEO	TITLE	NAME
STREET ADDRESS 6118 S.R. 80 WEST	CITY-ST-ZIP ALVA, FL 33920	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Labelle, FL 33935 (zip change)
TITLE PT	NAME ELAM-SHULTS, BETHENY	TITLE	NAME
STREET ADDRESS 6118 S.R. 80 WEST339	CITY-ST-ZIP ALVA, FL 33920	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Labelle, FL 33935 (zip change)
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.	
SIGNATURE: [Signature]	President
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
DATE 4-27-07	Daytime Phone #