


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000037796	
1. Entity Name SUNSPOT AVIATION CORPORATION	

Principal Place of Business 1201 ARAPAHO AVE SUITE B ST AUGUSTINE, FL 32084	Mailing Address 1201 ARAPAHO AVE SUITE B ST AUGUSTINE, FL 32084
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DO NOT WRITE IN THIS SPACE

FILED
Sep 11, 2008 08:00 AM
Secretary of State

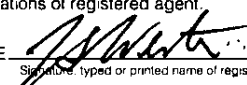


07172008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3573303	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WERTER, JAMES S 1201 ARAPAHO AVE SUITE B ST AUGUSTINE, FL 32084

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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.	09/11/08-82003-004 150.00
SIGNATURE  (NOTE: Registered Agent signature required when reinstating)	DATE 9/9/08

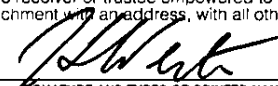
FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PVST WERTER, JAMES S 1201 ARAPAHO AVE SUITE B ST AUGUSTINE, FL 32084
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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.	827 0446
SIGNATURE: 	9/9/08 904 428 0796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #