2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with

SIGNATURE:

dress, with all other like empowered.

Apr 18, 2005 8:00 am Secretary of State **DOCUMENT # P99000038202** 04-18-2005 90262 022 ***150.00 ELITÉ AVIATION SERVICES, INC. Principal Place of Business Mailing Address 4411 BEE RIDGE ROAD, #133 4411 BEE RIDGE ROAD, #133 SARASOTA, FL 34233 SARASOTA, FL 34233 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3580328 Not Applicable 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 STINGER, DARRELL E Street Address (P.O. Box Number is Not Acceptable) 4411 BEE RIDGE ROAD, #133 SARASOTA, FL 34233 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PC ☐ Delete TITLE **X**Change NAME STINGER, DARRELL É NAME 4411 BEE RIDGE RD = 133 STREET ADDRESS 6631 68TH ST. E. STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34203 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition STINGER, JAMES A NAME STREET ADDRESS 6631 68TH ST. E. 4411 BEE RIDGE RO= 133 STREET ADDRESS CITY-ST-ZIP BRADENTON, FL. 34203 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition STINGER, CHRISTOPHER R NAME NAME 4411 BEE RIAGE RO # 133 STREET ADDRESS 6631-68TH-ST. E. STREET ADDRESS CITY-ST-7IP BRADENTON, FL 34203 CITY-ST-ZIP 34233 TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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

DARRELL E. STINGER

FILED