2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 18, 2005 08:00 AM Secretary of State DOCUMENT # S49450 AIR MOBILE OF BREVARD, INC. Principal Place of Business Mailing Address 2885 ELECTRONICS DR 2885 ELECTRONICS DR #C-11 MELBOURNE, FL 32935 _ US. _ MELBOURNE, FL 32935 CR2E034 (10/03) 01222005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3070805 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RIDDELL, SPENCER J. DO NOT WRITE 2885 ELECTRONICS DR #C-11 IN THIS SPACE MELBOURNE, FL 32935 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rehalating) U00000313682 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00 \Box Trust Fund Contribution. Added to Fees 04/18/05-80133-016 150.00 OFFICERS AND DIRECTORS 10. mle RIDDELL, SPENCER J. NAME STREET ADDRESS 2885 ELECTRONICS DR #C-11 CITY-ST-ZIP MELBOURNE, FL TITLE ST RIDDELL, SPENCER J NAME STREET ADDRESS 2885 ELECTRONICS DR #C-11 MELBOURNE, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP ITTE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing 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 received 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

NAME STREET ADDRESS CITY STATE

ICER OR DIRECTOR

17905

(321)259-65

FILED