2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment

04-18-2007 90159 007 ***150.00 **DOCUMENT # S49450** 1. Entity Name AIR MOBILE OF BREVARD, INC. 40066670 Principal Place of Business Mailing Address 2885 ELECTRONICS DR 2885 ELECTRONICS DR #C-11 #C-11 MELBOURNE, FL 32935 MELBOURNE, FL 32935 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 CR2E034 (12/06) Chg-P Applied For City & State City & State 4. FEI Number 59-3070805 Not Applicable Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RIDDELL, SPENCER J. Street Address (P.O. Box Number is Not Acceptable) 2885 ELECTRONICS DR #C-11 MELBOURNE, FL 32935 Zip Code City 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. Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change Addition ☐ Delete TITLE RIDDELL, SPENCER J. 2885 ELECTRONICS DR #C-11 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL CITY-ST ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME RIDDELL, SPENCER J NAME STREET ADDRESS 2885 ELECTRONICS DR #C-11 STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P MELBOURNE, FL ☐ Change ☐ Addition TITLE ☐ Delete THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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 a readdirect with a readdire

SPENCER J, RIDDELL 4/15/07

FILED

Apr 18, 2007 8:00 am Secretary of State