

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90021 050 ****61.25

DOCUMENT # 706282
 1. Entity Name
 SKY HARBOUR EAST, INC.



40044351

Principal Place of Business
 2100 SOUTH OCEAN DRIVE
 FORT LAUDERDALE, FL 33316

Mailing Address
 2100 SOUTH OCEAN DRIVE
 FORT LAUDERDALE, FL 33316



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01032007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
 59-1030455

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
 REDWIN REDFERN
 2100 SOUTH OCEAN DR
 APT # 4K
 FORT LAUDERDALE, FL 33316

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

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]* DATE 3/21/07
 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REDFERN, R E 2100 SOUTH OCEAN DR APT # 4K FT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWLESS, SALLY 2100 SOUTH OCEAN DR 5M FT LAUDERDALE, FL 33316	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LONDON, SUSAN 2100 S OCEAN DR 6K FORT LAUDERDALE, FL 33316	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D Landon Susan 2100 South Ocean Dr 6K Ft Lauderdale FL 33316 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTY, RAYMOND MD 2100 SOUTH OCEAN DR 16G FT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP VD Struve Gail 2100 S Ocean Dr 11G Ft Lauderdale FL 33316 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERO, BRIAN 2100 SOUTH OCEAN DR 4B FORT LAUDERDALE, FL 33316	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP SD Russell Weaver 2100 S. Ocean Dr 16H Ft Lauderdale FL 33316 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRUVE, GAIL 2100 SOUTH OCEAN DR 11G FT LAUDERDALE, FL 33316	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ID John Conway 2100 S. Ocean Dr Ft Lauderdale FL 33316 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			TITLE NAME STREET ADDRESS CITY-ST-ZIP D Robert Biver 2100 S. Ocean Dr # 9M Ft Lauderdale FL 33316 <input type="checkbox"/> Change <input checked="" 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 617, 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]* DATE 3/21/07 DAYTIME PHONE # 954-522-2801
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR