


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000005989
 1. Entity Name
 FLY ON, INC.



Principal Place of Business
 C/O HABER CORPORATION
 16830 VENTURA BLVD., #501
 ENCINO, CA 91436

Mailing Address
 C/O HABER CORPORATION
 16830 VENTURA BLVD., #501
 ENCINO, CA 91436



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 58-2641300 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

U00000396162
 01/27/06-80020-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROSSINGTON, GARY
STREET ADDRESS	16830 VENTURA BLVD #501
CITY-ST-ZIP	ENCINO, CA 91436
TITLE	S
NAME	HABER, GARY
STREET ADDRESS	16830 VENTURA BLVD #501
CITY-ST-ZIP	ENCINO, CA 91436
TITLE	T
NAME	VAN ZANT, JOHNNY
STREET ADDRESS	4619 PLYMOUTH STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	V
NAME	POWELL, BILLY
STREET ADDRESS	16830 VENTURA BLVD #501
CITY-ST-ZIP	ENCINO, CA 91436
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE:  **GARY HABER CPA** Date **1/19/06** Daytime Phone # **(818) 783-9300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR