2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000006859

1. Entity Name
XTRA AIRWAYS, INC.

Principal Place of Business	Mailing Address
331 7TH STREET ELKO, NV 89801	331 7TH STREET ELKO, NV 89801

08252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
91-1387913
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DUNN, LISA
STREET ADDRESS	331 7TH STREET
CITY-ST-ZIP	ELKO, NV 89801
TITLE	D
NAME	NEUMANN, RALPH
STREET ADDRESS	331 7TH STREET
CITY-ST-ZIP	ELKO, NV 89801
TITLE	DST
NAME	DAVIS, SANDY
STREET ADDRESS	331 7TH STREET
CITY-ST-ZIP	ELKO, NV 89801
TITLE	D
NAME	KESSLER, GREG
STREET ADDRESS	331 7TH STREET
CITY-ST-ZIP	ELKO, NV 89801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/01/06-80001-003 158.75

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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: Lisa Dunn 8/30/06 775-738-6040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #