


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 08:00 A
Secretary of State

DOCUMENT # K99316 1. Entity Name ATLANTIC JET CENTER, INC.	
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Principal Place of Business 1401 GENERAL AVIATION DR MELBOURNE, FL 32935 US	Mailing Address 1401 GENERAL AVIATION DRIVE MELBOURNE, FL 32935 US
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01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2976949	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EDWARDS, SPENCE J 6534 CHRISTOPHER POINT ROAD WEST JACKSONVILLE, FL 32225
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	100000667312 03/27/07-80009-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/T EDWARDS, SPENCE J 6534 CHRISTOPHER PT RD W JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RADCLIFFE, WILLIAM R. 1702 ATLANTIC STR #1D MELBOURNE BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HILLER, WESLEY T. 6126 GALLEON WAY TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS BROSE, KIM E 1109 STEVEN PATRICK DR INDIAN HARBOR BEACH, FL
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 307, 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: Kim Brose Kim Brose 3-13-07 255-7111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #