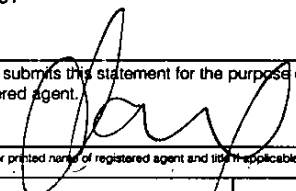
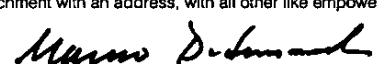


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90306 017 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                                                                         |                                                                                                                         |                                                                                                                                                                                                                                                          |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # M24727</b><br>1. Entity Name<br><b>SHORT HILLS AVIATION SERVICES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        |                                                                                                                         |                                                                                                                         |                                                                                                                                                                         |                                                                   |
| Principal Place of Business<br><b>ONE BISCAYNE TOWER, STE. 3400</b><br><b>2 S. BISCAYNE BLVD.</b><br><b>MIAMI, FL 33131-1897 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        |                                                                                                                         | Mailing Address<br><b>ONE BISCAYNE TOWER, STE. 3400</b><br><b>2 S. BISCAYNE BLVD.</b><br><b>MIAMI, FL 33131-1897 US</b> |                                                                                                                                                                                                                                                          |                                                                   |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                                                           |                                                                                                                         |                                                                                                                                                                                                                                                          |                                                                   |
| City & State<br><br>Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        | City & State<br><br>Zip                                                                                                 |                                                                                                                         | 4. FEI Number<br><b>59-2627050</b><br>Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                             |                                                                   |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        | Country                                                                                                                 |                                                                                                                         | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                          |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>VALDES-FAULI CORPORATE SERVICES, INC.</b><br><b>ONE BISCAYNE TOWER, STE. 3400</b><br><b>2 S. BISCAYNE BLVD.</b><br><b>MIAMI, FL 33131-1897</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        |                                                                                                                         |                                                                                                                         | 7. Name and Address of New Registered Agent<br>Name<br><b>GY Corporate Services, Inc.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><br><b>2 S. Biscayne Blvd., Suite 3400</b><br>City<br><b>Miami</b> <b>FL</b> Zip Code<br><b>33131</b> |                                                                   |
| 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.<br><br>SIGNATURE  <b>Mark J. Scheer, President</b> <b>4/19/06</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>                                                                                         |                                                                        |                                                                                                                         |                                                                                                                         |                                                                                                                                                                                                                                                          |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        | 9. Election Campaign Financing.<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                         |                                                                                                                                                                                                                                                          |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        |                                                                                                                         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                   |                                                                                                                                                                                                                                                          |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DP<br>DUDZINSKI, MARIO<br>820 MORRIS TURNPIKE<br>SHORT HILLS, NJ 07078 | <input type="checkbox"/> Delete                                                                                         |                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DS<br>WILF, LEONARD<br>820 MORRIS TURNPIKE<br>SHORT HILLS, NJ 07078    | <input type="checkbox"/> Delete                                                                                         |                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DVPT<br>WILF, ZIGMUND<br>820 MORRIS TURNPIKE<br>SHORT HILLS, NJ 07078  | <input type="checkbox"/> Delete                                                                                         |                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | [Empty]                                                                | <input type="checkbox"/> Delete                                                                                         |                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | [Empty]                                                                | <input type="checkbox"/> Delete                                                                                         |                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                           | <input type="checkbox"/> Change <input 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 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:  <b>M. Dudzinski</b> <b>4.10.06</b> <b>973 467</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        |                                                                                                                         |                                                                                                                         |                                                                                                                                                                                                                                                          |                                                                   |

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