2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90097 032 ***150.00

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03212007 Chg-P CR2E034 (12/06)

DOCUMENT # 850778

1. Entity Name
PAGE AVJET CORPORATION

Principal Place of Business	Mailing Address
401 EDGEWATER PLACE SUITE 670 WAKEFIELD, MA 01880 US	401 EDGEWATER PLACE SUITE 670 WAKEFIELD, MA 01880 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
201 South Orange Ave.	201 South Orange Ave.
Suite, Apt. #, etc.: Suite 1100	Suite, Apt. #, etc.: Suite 1100, Attn: Tax Dept.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32801 Country: US	Zip: 32801 Country: US

4. FEI Number: 34-1348298 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	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, typed or printed name of registered agent and title if applicable. (NOTE: 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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MURRER, GREGORY J	NAME	
STREET ADDRESS	401 EDGEWATER PL, STE 670	STREET ADDRESS	
CITY-ST-ZIP	WAKEFIELD, MA 01880	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	PAZAR, STEVEN E	NAME	
STREET ADDRESS	401 EDGEWATER PLACE, SUITE 670	STREET ADDRESS	
CITY-ST-ZIP	WAKEFIELD, MA 01880	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FRESE, ROBERT P	NAME	
STREET ADDRESS	201 S. ORANGE AVE., SUITE 1100	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP	
TITLE	S ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	PAZAR, STEVEN E	NAME	
STREET ADDRESS	401 EDGEWATER PL STE 670	STREET ADDRESS	
CITY-ST-ZIP	WAKEFIELD, MA 01880	CITY-ST-ZIP	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VAN ALLEN, BRUCE	NAME	
STREET ADDRESS	201 S. ORANGE AVE. SUITE 1100	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ 23 MARCH 07 781-246-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Group Tax Director Date Daytime Phone #