


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90070 038 \*\*\*150.00

<b>DOCUMENT # 855276</b> 1. Entity Name <b>GULFSTREAM AEROSPACE CORPORATION OF TEXAS</b>					
Principal Place of Business <b>1500 C PERIMETER RD WEST PALM BEACH, FL 33406</b>			Mailing Address <b>P.O. BOX 2206 SAVANNAH, GA 31402</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01042007    Chg-P    CR2E034 (12/06)	
4. FEI Number <b>58-1354653</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right;"><b>FL</b>    Zip Code</div>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MOSS, BRYAN T</b> <b>500 GULFSTREAM ROAD</b> <b>SAVANNAH, GA 31402</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President &amp; Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Joseph T. Lombardo</b> <b>500 Gulfstream Road</b> <b>Savannah, GA 31407</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BERMAN, IRA P</b> <b>500 GULFSTREAM ROAD</b> <b>SAVANNAH, GA 31408</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary &amp; Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>Savannah, GA 31407</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPF</b> <b>CLARE, DANIEL G</b> <b>500 GULFSTREAM ROAD</b> <b>SAVANNAH, GA 31407</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FOGG, DAVID H</b> <b>3190 FAIRVIEW PARK DRIVE</b> <b>FALLS CHURCH, VA 22042</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>2941 Fairview Park Drive</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>HOUSE, MARGARET N</b> <b>3190 FAIRVIEW PARK DRIVE</b> <b>FALLS CHURCH, VA 22042</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>2941 Fairview Park Drive</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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.					
<b>SIGNATURE:</b> _____		<b>Ira P. Berman, Secretary</b>		<b>4/16/07 912-965-5201</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Overtime Phone #	