


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90102 014 \*\*\*158.75

<b>DOCUMENT # F01000005223</b> 1. Entity Name LAD (AVIATION), INC.					
Principal Place of Business 16415 ADDISON ROAD, SUITE 800 ADDISON, TX 75001 US			Mailing Address 16415 ADDISON ROAD, SUITE 800 ADDISON, TX 75001 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing 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 NAME STREET ADDRESS CITY-ST-ZIP	P/D YOUNG, JOHN S 16415 ADDISON ROAD, SUITE 800 ADDISON, TX 75001 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/P/D YOUNG, JOHN S 16415 ADDISON ROAD, SUITE 800, ADDISON, TX 75001 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D LEONARD, PAUL H 16415 ADDISON ROAD, SUITE 800 ADDISON, TX 75001 <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	S/D BOESCHEN, RICHARD P 16415 ADDISON ROAD, SUITE 800 ADDISON, TX 75001 <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	D KENWAY, MARK 12 - 13 ESSEX STREET LONDON, UK WC2R 3AA <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENWAY, MARK INTERNATIONAL HOUSE, 1 ST. KATHALINE'S WAY, LONDON E1W 1UT UK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTHEWS, STEPHEN J 12 - 13 ESSEX HOUSE LONDON, UK WC2R 3AA <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	D ROACH, J G 12700 PARK CENTRAL DRIVE SUITE 1700 DALLAS, TX 75251 <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.					
SIGNATURE: <u>BAPWV</u> <u>BRENTON</u> <u>PARR</u> <u>4/5/2006</u> <u>713 840 1642</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

1. Entity Name  
LAD (AVIATION), INC.



20028087

Mailing Address  
16415 ADDISON ROAD, SUITE 800  
ADDISON, TX 75001 US

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

CR2E034 (11/05)

Applied For
Not Applicable

**\$8.75** Additional  
Fee Required

7. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**9. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	TV	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DARR, BRENTON		
STREET ADDRESS	16415 ADDISON ROAD, SUITE 800,		
CITY-ST-ZIP	ADDISON, TX 75001		

TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PIKE, GREGG		
STREET ADDRESS	411 AVIATION WAY,		
CITY-ST-ZIP	FREDERICK MD 21701		

TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JONES MARTHA		
STREET ADDRESS	411 AVIATION WAY,		
CITY-ST-ZIP	FREDERICK MD, 21701		

TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BOURGUES, DAVID		
STREET ADDRESS	3555 MAGUIRE BOULEVARD, SUITE 204		
CITY-ST-ZIP	ORLANDO, FL 32803		

TITLE	✓	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ELY, DAMIAN		
STREET ADDRESS	INTERNATIONAL HOUSE, 1 ST. KATHARINE'S WAY,		
CITY-ST-ZIP	LONDON E1W 1HT UK		

TITLE	✓	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROSDEN, MARK		
STREET ADDRESS	64 DANBURY ROAD,		
CITY-ST-ZIP	WILTON, CT 06897		

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_