


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90830 042 ***158.75

DOCUMENT # F01000005223	
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
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40092683



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

04262007 Chg-P CR2E034 (12/06)

4. FEI Number 75-2955191	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD YOUNG, JOHN S 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	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 INTERNATIONAL HOUSE, 1 ST. KATHALINES WAY LONDON, UK e1q 1ut <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D KENWAY, MARK 140 CECIL STREET, #10-01/02 PIL BUILDING SINGAPORE 069540
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: BRENTON PARR 4/26/2007 713 840 1642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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LAD (AVIATION), INC.



ATTACHMENT

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ADDISON, TX 75001 US

Mailing Address
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40092683

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City & State

Zip

Country

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04262007

Chg-P

CR2E034 (12/06)

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Not Applicable

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\$8.75 Additional
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1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

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Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CPD ☐ Delete
NAME YOUNG, JOHN S
STREET ADDRESS 16415 ADDISON ROAD, SUITE 800
CITY-ST-ZIP ADDISON, TX 75001

TITLE V/D ☐ Delete
NAME LEONARD, PAUL H
STREET ADDRESS 16415 ADDISON ROAD, SUITE 800
CITY-ST-ZIP ADDISON, TX 75001

TITLE S/D ☐ Delete
NAME BOESCHEN, RICHARD P
STREET ADDRESS 16415 ADDISON ROAD, SUITE 800
CITY-ST-ZIP ADDISON, TX 75001

TITLE D ☐ Delete
NAME KENWAY, MARK
STREET ADDRESS INTERNATIONAL HOUSE, 1 ST. KATHALINES WAY
CITY-ST-ZIP LONDON, UK e1q 1ut

TITLE D ☐ Delete
NAME MATTHEWS, STEPHEN J
STREET ADDRESS 12 - 13 ESSEX HOUSE
CITY-ST-ZIP LONDON, UK WC2R 3AA

TITLE D ☐ Delete
NAME ROACH, J G
STREET ADDRESS 12700 PARK CENTRAL DRIVE SUITE 1700
CITY-ST-ZIP DALLAS, TX 75251

TITLE T/V ☐ Change ☒ Addition
NAME PARR, BRENTON
STREET ADDRESS 16415 ADDISON ROAD, SUITE 800,
CITY-ST-ZIP ADDISON, TX 75001

TITLE V ☐ Change ☒ Addition
NAME PIKE, GREGG
STREET ADDRESS 411 AVIATION WAY,
CITY-ST-ZIP FREDERICK, MD 21701

TITLE V ☐ Change ☒ Addition
NAME JONES, MARTHA
STREET ADDRESS 411 AVIATION WAY,
CITY-ST-ZIP FREDERICK, MD 21701

TITLE V ☐ Change ☒ Addition
NAME GOURGUES, DAVID
STREET ADDRESS 3555 MAGUIRE BOULEVARD SUITE 204
CITY-ST-ZIP ORLANDO, FL 32803

TITLE V ☐ Change ☒ Addition
NAME ELY, DAMIAN
STREET ADDRESS ESSEX HOUSE 12-13 ESSEX STREET,
CITY-ST-ZIP LONDON, WC2R 3AA UK

TITLE V ☐ Change ☐ Addition
NAME GOSDEN, 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #