2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003898

Entity Name: HALCYON JETS, INC.

Title:

Name:

Address: City-St-Zip: CFO

CHASON, JAN E

336 WEST 37TH STREET

NEW YORK, NY 10018

(X) Delete

FILED Mar 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 336 WEST 37TH STREET SUITE 800 NEW YORK, NY 10018 **Current Mailing Address: New Mailing Address:** 336 WEST 37TH STREET SUITE 800 NEW YORK, NY 10018 FEI Number: 20-8584225 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NATIONAL CORPORATE RESEARCH, LTD., INC 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition FRIES, JUSTIN Name: Name: 65 GEORAIN COURT Address: Address: City-St-Zip: EAST HILLS, NY 11576 City-St-Zip: Title: Title: () Delete (X) Change () Addition BLATT, MITCHELL Name: Name: COHEN, GREGORY 41 VILLAS CIRCLE 336 WEST37TH STREET, SUITE 800 Address: Address: MELVILLE, NY 11747 NEW YORK, NY 10018 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition MATTEIS, CHRISTIAN Name: Name: 7225 NW 24TH TERRACE Address: Address: BOCA RATON, NY 33431 City-St-Zip: City-St-Zip: Title: () Delete Title: CFO (X) Change () Addition GILBERT, JONATHAN CHASON, JAN Name: Name: Address: 36 SYCAMORE LANE Address: 336 WEST 37TH STREET City-St-Zip: ROSLYN HEIGHTS, NY 11577 City-St-Zip: NEW YORK, NY 10018

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JAN CHASON CFO 03/19/2009

() Change () Addition