

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004277

FILED
Feb 03, 2006
Secretary of State

Entity Name: EXECUTIVE AIRLINES, INC.

Current Principal Place of Business:

4333 AMON CARTER BLVD., MD 5675
FORTH WORTH, TX 76155

New Principal Place of Business:

Current Mailing Address:

4333 AMON CARTER BLVD., MD 5675
FORTH WORTH, TX 76155

New Mailing Address:

FEI Number: 66-0433166

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title: CD () Delete
Name: ARPEY, GERALD J
Address: 4333 AMON CARTER BLVD., MD 5621
City-St-Zip: FORT WORTH, TX 76155

Title: VPD () Delete
Name: BOWLER, PETER M
Address: 4333 AMON CARTER BLVD., MD 5605
City-St-Zip: FORT WORTH, TX 76155

Title: CSD () Delete
Name: MARLETT, CHARLES D
Address: 4333 AMON CARTER BLVD., MD 5675
City-St-Zip: FORT WORTH, TX 76155

Title: P () Delete
Name: ELLMER, GARY E
Address: P.O. BOX 38082
City-St-Zip: SAN JUAN, PR 009370082

Title: VPT () Delete
Name: GOULET, BEVERLY K
Address: 4333 AMON CARTER BLVD., MD 5566
City-St-Zip: FORT WORTH, TX 76155

Title: VGCS () Delete
Name: SOLED, KATHLEEN A
Address: 4333 AMON CARTER BLVD., MD 5494
City-St-Zip: FORT WORTH, TX 76155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: CHARLES D. MARLETT

CSD

02/03/2006

Electronic Signature of Signing Officer or Director

Date