

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90268 023 ***158.75

DOCUMENT # F99000005437																			
1. Entity Name BUSINESS AIRCRAFT CORP.																			
Principal Place of Business C/O FINSER CORPORATION 550 BILTMORE WAY, SUITE 900 CORAL GABLES, FL 33134			Mailing Address C/O FINSER CORPORATION 550 BILTMORE WAY, SUITE 900 CORAL GABLES, FL 33134																
2. Principal Place of Business NINE DRBA WAY, BOX 9		3. Mailing Address																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																	
City & State NEW CASTLE, DELAWARE		City & State		4. FEI Number 51-0381538															
Zip 19720		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required															
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">JOAN BURTON JENSEN</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">c/o Finser Corporation</td> </tr> <tr> <td colspan="2" style="padding: 2px;">550 Biltmore Way, Suite 900</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">FL</td> </tr> <tr> <td style="padding: 2px;">Zip Code</td> <td style="padding: 2px;">33134</td> </tr> </table>			Name		JOAN BURTON JENSEN		Street Address (P.O. Box Number is Not Acceptable)		c/o Finser Corporation		550 Biltmore Way, Suite 900		City	FL	Zip Code	33134
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c/o Finser Corporation																			
550 Biltmore Way, Suite 900																			
City	FL																		
Zip Code	33134																		
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. <table style="width:100%;"> <tr> <td style="width:30%; vertical-align: bottom;"> SIGNATURE <small>Signature typed or printed name of registered agent and title if applicable</small> </td> <td style="width:40%; text-align: center; vertical-align: bottom;"> Joan Burton Jensen Director, Vice President & Secretary </td> <td style="width:30%; text-align: right; vertical-align: bottom;"> April 8, 2005 <small>DATE</small> </td> </tr> </table>						SIGNATURE <small>Signature typed or printed name of registered agent and title if applicable</small>	Joan Burton Jensen Director, Vice President & Secretary	April 8, 2005 <small>DATE</small>											
SIGNATURE <small>Signature typed or printed name of registered agent and title if applicable</small>	Joan Burton Jensen Director, Vice President & Secretary	April 8, 2005 <small>DATE</small>																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																
TITLE	PCD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition															
NAME	KEON, WILLIAM T III		NAME																
STREET ADDRESS	550 BILTMORE WAY, SUITE 900		STREET ADDRESS																
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP																
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition															
NAME	JENSEN, JOAN B		NAME																
STREET ADDRESS	550 BILTMORE WAY, SUITE 900		STREET ADDRESS																
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP																
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition															
NAME			NAME																
STREET ADDRESS			STREET ADDRESS																
CITY-ST-ZIP			CITY-ST-ZIP																
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition															
NAME			NAME																
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CITY-ST-ZIP			CITY-ST-ZIP																
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STREET ADDRESS			STREET ADDRESS																
CITY-ST-ZIP			CITY-ST-ZIP																
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Joan Burton Jensen Director, Vice President & Secretary																
			April 8, 2005 305-442-3452 <small>Date Daytime Phone #</small>																