


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # F99000005437 1. Entity Name BUSINESS AIRCRAFT CORP.	
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Principal Place of Business NINE DRBA WAY, BOX 9 NEW CASTLE, DE 19720	Mailing Address C/O FINSER CORPORATION 550 BILTMORE WAY, SUITE 900 CORAL GABLES, FL 33134
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03082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0381538	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JENSEN, JOAN B
C/O FINSER CORPORATION
550 BILTMORE WAY, SUITE 900
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

1000000476441
04/06/06-80010-005 158.75

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	KEON, WILLIAM T III
STREET ADDRESS	550 BILTMORE WAY, SUITE 900
CITY-ST-ZIP	CORAL GABLES, FL 33134

TITLE	VSD
NAME	JENSEN, JOAN B
STREET ADDRESS	550 BILTMORE WAY, SUITE 900
CITY-ST-ZIP	CORAL GABLES, FL 33134

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

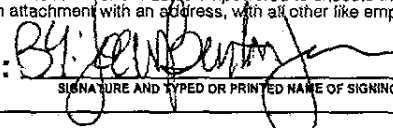
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: 

Joan Burton Jensen

Director, Vice Pres. & Secretary March 17, 2006 305-442-3452

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #