

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005437

FILED
Apr 17, 2007
Secretary of State

Entity Name: BUSINESS AIRCRAFT CORP.

Current Principal Place of Business:

NINE DRBA WAY, BOX 9
NEW CASTLE, DE 19720

New Principal Place of Business:

NINE DRBA WAY, BOX 9
NEW CASTLE, DE 19720 US

Current Mailing Address:

C/O FINSER CORPORATION
550 BILTMORE WAY, SUITE 900
CORAL GABLES, FL 33134

New Mailing Address:

C/O FINSER CORPORATION
121 ALHAMBRA PLAZA, SUITE 1400
CORAL GABLES, FL 33134 US

FEI Number: 51-0381538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENSEN, JOAN B
C/O FINSER CORPORATION
550 BILTMORE WAY, SUITE 900
CORAL GABLES, FL 33134 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: PCD () Delete
Name: KEON, WILLIAM T III
Address: 550 BILTMORE WAY, SUITE 900
City-St-Zip: CORAL GABLES, FL 33134

Title: VSD () Delete
Name: JENSEN, JOAN B
Address: 550 BILTMORE WAY, SUITE 900
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KEON, WILLIAM T III
Address: 121 ALHAMBRA PLAZA, SUITE 1400
City-St-Zip: CORAL GABLES, FL 33134 US

Title: V (X) Change () Addition
Name: JENSEN, JOAN B
Address: 121 ALHAMBRA PLAZA, SUITE 1400
City-St-Zip: CORAL GABLES, FL 33134 US

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: WILLIAM T KEON

P

04/17/2007

Electronic Signature of Signing Officer or Director

Date