

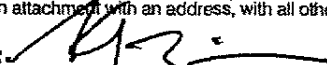


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

| | | | |
|---|--|---|--|
| DOCUMENT # H13284 1. Entity Name PERSONAL JET CENTER, INC. | |  | |
| Principal Place of Business 5401 E PERIMETER RD FT. LAUDERDALE, FL 33309 | | Mailing Address 5401 E PERIMETER RD FT. LAUDERDALE, FL 33309 | |
| DO NOT WRITE IN THIS SPACE | |  | |
| | | 01042005 No Chg-P CR2E034 (10/03) | |
| | | 4. FEI Number 59-2529672 | Applied For Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent ZIMMER, CORWIN J. 5401 N.W. 15TH AVENUE FORT LAUDERDALE, FL 33309 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</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 U00000298485 04/11/05-80068-009 150.00 |
| 10. OFFICERS AND DIRECTORS | | DO NOT WRITE IN THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ZIMMER, CORWIN J. 5401 NW 15 AVENUE FT. LAUDERDALE, FL | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ZIMMER, KIP 5401 E PERIMETER RD FT. LAUDERDALE, FL 33309 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS 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:  Kip Zimmer | | 4/05/05 954-771-6040 Date Daytime Phone # | |