

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J05115</b> 1. Entity Name <b>RED CARPET HELICOPTERS, INC.</b>								
Principal Place of Business <b>735 S AIR PARK ROAD BOX 2 EDGEWATER, FL 32132</b>	Mailing Address <b>735 S AIR PARK ROAD BOX 2 EDGEWATER, FL 32132</b>							
<b>DO NOT WRITE IN THIS SPACE</b>		02252006    No Chg-P    CR2E034 (11/05)						
6. Name and Address of Current Registered Agent  <b>CRILE, VAUGHN W. 735 S AIR PARK ROAD BOX 2 EDGEWATER, FL 32132</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">           4. FEI Number  <b>59-2662099</b> </td> <td style="padding: 2px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table> </td> </tr> <tr> <td colspan="2" style="padding: 2px;">           5. Certificate of Status Desired    <input type="checkbox"/>    <b>\$8.75 Additional Fee Required</b> </td> </tr> </table>	4. FEI Number <b>59-2662099</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>	Applied For	Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>								
<table style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2006 Fee will be \$550.00</b> </td> <td style="width: 33%; padding: 5px;">           9. Election Campaign Financing            Trust Fund Contribution.    <input type="checkbox"/>    <b>\$5.00 May Be Added to Fees</b> </td> <td style="width: 34%;"></td> </tr> </table>			<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
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<b>10. OFFICERS AND DIRECTORS</b>		  <b>DO NOT WRITE IN THIS SPACE</b>						
TITLE	DP							
NAME	CRILE, VAUGHN W.							
STREET ADDRESS	735 S AIR PARK ROAD, BOX 2							
CITY-ST-ZIP	EDGEWATER, FL 32132							
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 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.								
<b>SIGNATURE:</b> 		Date: <b>3/23/06</b> Daytime Phone: <b>386/428-0181</b>						