

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90029 001 \*\*\*150.00

<b>DOCUMENT # J95361</b> 1. Entity Name <b>PALM BEACH AIR, INC.</b>			
Principal Place of Business <b>1200 OLD OKEECHOBEE RD WEST PALM BEACH FL 33401 US</b>		Mailing Address <b>P O BOX 17569 WEST PALM BEACH FL 33416 US</b>	
2. Principal Place of Business <b>1132 ELIZABETH AVE</b> Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State <b>West Palm Beach FL</b> Zip <b>33401</b>		City & State  Zip <b>33416</b>	
4. FEI Number <b>65-0008128</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LAWSON, KENNETH JR 5 VIA DE CASAS SUR 201 BOYNTON BCH FL</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2651 HAVENWOOD ROAD</b> City <b>West Palm Beach</b> <b>FL</b> Zip Code <b>33416</b>	
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 <u><i>Kenneth J. Lawson</i></u> <b>2/23/06</b> <small>Signature, typed or printed name of registered agent and date if applicable. Registered Agent signature required when renewing.</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAWSON, KENNETH JR. 5 VIA DE CASAS SUR 201 BOYNTON BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Kenneth J. Lawson</i></u> <b>2/16/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Daytime Phone #	