## **FILED** May 25, 2007 8:00 am Secretary of State 05-25-2007 90026 025 \*\*\*\*61.25

ANNUAL REPORT
DOCUMENT # NA0658

1. Entity Nam	IVIEN I # N4U008 AL AIRCRAFT RESALE ASS		-23-2007 3	0020 023	O	1.23							
Principal Place 320 KING ST STE 250 ALEXANDRIA		Mailing Address 320 KING STREET STE 250 ALEXANDRIA, VA 2	320 KING STREET										
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address											
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			05182007 Chg	-NP	CR2E037 (1	2/06)					
City & Stat		City & State			4. FEI Number Applied For 65-0240338 Not Applicable								
Zíp	Zip Country Zip		Соі	untry		5. Certificate of Status Desired Security Fee Required							
	6. Name and Address of Current	Registered Agent		Ni	7. Name and Addre	ss of New Re	gistered Agen	t					
CTCORP	PORATION SYSTEM			Name									
1200 SOU	TH PINE ISLAND RD. ION, FL 33324	Street Address (P.O. Box Number is Not Acceptable)											
				City			FL	Zip Code	<b>&gt;</b>				
the obligat													
Filing Fee is \$61.25  Due by September 14, 2007  Signature, typed or printed name of registered agent and title if applicable. [NOTE: Registered printed agent					\$5.00 May Be Added to Fees		ike check pay da Departmei						
10.	OFFICERS AND DIF		11.		ADDITIONS/CHANGES	TO OFFICER							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JORDAN, PHILIP 5007 AIRPORT ROAD DENTON, TX 76207	☐ Delete		1 '	<b>c</b> /D		×	Change	☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEETS, SUSAN L 320 KING ST. STE 250 ALEXANDRIA, VA 22314	☐ Delete		1				Change	Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MARKEL, JAMES 2240 AIRPORT BOULEVARD SANTA ROSA, CA 95403	<b>X</b> Ceiete		E M	T/D NICHAEL ZAE 1312 SUMMIT EXVING, TX	tuiew	<b>∑</b> R.	Change	Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD O'KEEFFE, MICHAEL 1635 NORTHWEST 51ST PLACE FORT LAUDERDALE, FL 33309			E	V/D		X	Change	Addition				
1ITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete		E Et address	S/D MIKE ELL S40 AVIATA FORTWORTH,	IS IR DR. TX T		Change	Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	☐ Addition				

12. I hereby certify that the information supplied with this filling 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 617, 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.

CICNATILE:

Susan 2 Steets Sysan 4. Sheets Men 18,000 \$11-80.33

SIG	TAN	URE:

SUSAN 2. Sheets System and typed or printed name of signing officer or director