## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 13, 2006 08:00 AM **Secretary of State** DOCUMENT # P00000104121 PROFESSIONAL AVIATION GROUP, INC. Principal Place of Business Mailing Address 1134 QUEEN PALM COURT HOLLYWOOD, FL 33019 1134 QUEEN PALM COURT HOLLYWOOD, FL 33019 US 03042006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 65-1053796 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RANDALL, JOHN DO NOT WRITE 1134 QUEEN PALM COURT HOLLYWOOD, FL 33019 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE UUUHH11464 766 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 U3/22/06-80008-025 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE RANDALL, JOHN NAME STREET ADDRESS 1134 QUEEN PALM COURT CITY-ST-78 HOLLYWOOD, FL 33019 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-70° IN THIS SPACE TITLE NAME STREET ADDRESS

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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

**FILED**