

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90163 032 ***150.00

DOCUMENT # P02000028063 1. Entity Name GLOBAL SKY AIRCHARTER CORPORATION	
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Principal Place of Business 5601 NW 15TH AVENUE OFFICE A FT. LAUDERDALE, FL 33309	Mailing Address 5601 NW 15TH AVENUE OFFICE A FT. LAUDERDALE, FL 33309
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40065251



2. Principal Place of Business 654 Marina Point Drive	3. Mailing Address 654 Marina Point Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

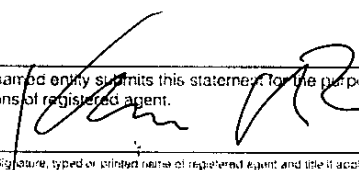
04242006 Chg-P CR2E034 (11/05)

City & State Daytona Beach, FL	City & State Daytona Beach, FL
Zip 32114	Country USA

4. FEI Number 01-0646953	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

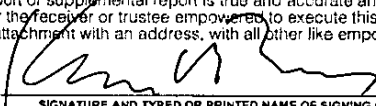
6. Name and Address of Current Registered Agent STEVENSON, ARTHUR L 1601 SW 22ND AVENUE FT. LAUDERDALE, FL 33312	
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7. Name and Address of New Registered Agent Name: Kevin M. Ream Street Address (P.O. Box Number is Not Acceptable): 654 Marina Point Drive City: Daytona Beach FL Zip Code: 32114	
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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: 	DATE: 4/24/06
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENSON, ARTHUR L 1601 SW 22ND AVENUE FT. LAUDERDALE, FL 33312 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Kevin M. Ream 654 Marina Point Drive Daytona Beach, FL 32114 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, JEFFREY L 1244 GAY STREET DANDRIDGE, TN 37725 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, MICHAEL W 2357 NE 28 CT LIGHTHOUSE POINT, FL 33064 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.	
SIGNATURE: 	Kevin M. Ream, Pres 4/24/06 678-427-9506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #