Z006 FOR PROFIT CORPORATION

ANNUAL REPORT				Jan 19, 2006 08:00 AM		
DOCUMENT # P02000075266				}		ry of State
1. Entity Nam				}		V
COURT	AIR CO. INC.					
Principal Plac	ce of Business	Mailing Address		}		
1451 OVERI TITUSVILLE,	LOOK TERRACE FL 32780	1451 OVERLOOK TERRACE TITUSVILLE, FL 32780				
	·		ž. 			
						\$} \$\\\\$ \\\$\$ \$\\\$\$ \$\\\$\$ \$\\\$\$
DO NOT WRITE IN THIS SPACE				01122006 No C	hg-P CR2	E034 (11/05)
			CE	4. FEI Number		Applied For
			,	30-0099618		Not Applicable \$8.75 Additional
				5. Certificate of Status I	Desired []	Fee Required
	6. Name and Address of Current Re	gistered Agent		***************************************	V 4. W 11	
COURTNE	EY, ROBERT M		DO NO	r Weit	E	
1451 OVERLOOK TERRACE TITUSVILLE, FL 32780						
(77001126	CL, (C 3E 00			IN THIS	SPAC	in the second se
			- 2000 - 200 - 100	Committee and the Contract of	region, survivor, survivori Manthematics (2004) Via	
	e named entity submits this statement for the	e purpose of changing its register	ed office or register	ed agent, or both, in the S	tate of Florida. I s	m familiar with, and accept
tile doligai	tions of registered agent.	:	1 m.			ree g
SIGNATURE.	Signature, typiad or printed name of registered agent and	uta il appacable. (NOTE Registeri	ed Agent signaturo required	i whon runstating)	DAT	<u> </u>
		O Classica Compaign Size		20		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.				.00 May Be ed to Fees		
10.	OFFICERS AND DI	RECTORS			AR	
TITLE NAME	COURTNEY, ROBERT M		1			
STREET ADDRESS	1451 OVERLOOK TERR.		ł	nt.	1,404,013,30	884 118-008 (50.00
City-st-zip	TITUSVILLE, FL 32780		<u>.</u>	Carlotte Commission of the Com	.E45 40 400	ERM CARE BUTTERS
title Mame			ļ			
STREET ADDRESS			Secretary Sec. 2007	ene Tene International particular	dentification and substantian	ang an
CITY-ST-ZIP			-			
MAME	}		ł			
STREET ADDRESS CITY-ST-ZIP			and the statement of the forther	CDO NO	T WRIT	TE
TITLE	 		1	IN THIS		
Name			}	· ·		
STREET ADDRESS CITY-ST-ZIP			and the second	Hyd malge serves in home Williamski	himografia (massiliki semesili	and approximate constants of a survey state such a
TITLE	 		1			
NAME	}		1			
STREET ADDRESS CITY+ST+ZIP				and the second s	engelgirigifikası delere ilk engeleti ilkeye.	manggar e di kasarang ng mga mga di kasarang ga ng ka
TRUE		<u></u>	1	,, <u>.</u> ,		
NAME	1		1			
STREET ADDRESS	1		ı	1 may 2000000 10 1000000	e	the training of the second control of the se

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 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 otherwise empowered.

SIGNATURE:

CITY-ST-ZIP

A Company of the State of the S

Daytime Phone #