2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000098882

11912 NW 2ND CT

CORAL SPRINGS, FL 33071

Address: City-St-Zip:

FILED Jul 20, 2006 Secretary of State

Entity Name: ATLANTIC JET AVIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 11912 NW 2ND CT CORAL SPRINGS, FL 33071 **Current Mailing Address: New Mailing Address:** 11912 NW 2ND CT CORAL SPRINGS, FL 33071 FEI Number: 02-0647195 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NEVITTE, RICHARD R JR. HUDIK, ROSEMARIE 7964 OLD MILITARY TRAIL 11912 NW 2ND CT BOYNTON BEACH, FL 33436 US CORAL SPRINGS, FL 33071 US 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. SIGNATURE: ROSEMARIE HUDIK 07/20/2006 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition HUDIK, PAUL Name: Name: 11912 NW 2ND CT Address: Address: City-St-Zip: CORAL SPRINGS, FL 33071 City-St-Zip: Title: VΤ Title: () Delete (X) Change () Addition Name: NEVITTE, RICHARD Name: HUDIK, ROSEMARIE 7964 OLD MILITARY TRAIL 11912 NW 2ND CT Address: Address: BOYNTON BEACH, FL 33436 CORAL SPRINGS, FL 33071 US City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition HUDIK, ROSEMARIE Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

Ρ SIGNATURE: PAUL HUDIK 07/20/2006