## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Jan 23, 2006 8:00 am Secretary of State

DOCUMENT # P05000006665  1. Entity Name JETSCAPE LEASING, INC.							01-23-2006 90041 020 ***150.00				
Principal Plac	e of Busines	s	Mailing Address								
10 S. NEW RI Ft. Lauderd		IST, STE. 200 3301	10 S. NEW RIVER DR. EAST, STE. 200 FT. LAUDERDALE, FL 33301								
2. Principal P	lace of Busin	ness	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01032006	Chg-P	CR2E0	34 (11/05)	
City & State			City & State				4. FEI Numb	er 2224652			oplied For ot Applicable
Zip		Country	Zip Country				5. Certificate	of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent						_	7. Name and	Address of New Ro	egistered /	\gent	
EVANS, JO 10 S. NEW	RIVER D	OR. EAST, STE. 200		Name Street Addres			P.O. Box Numb	er is Not Acceptable	)		
FT. LAUDE	ERDALE, I	FL 33301									
li				City				FL	Zip Cod	e	
The above named entity submits this statement for the purpose of changing its registered of							ed agent, or bo	oth, in the State of Flor		amiliar 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 reinstating)  DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.							00 May Be ed to Fees				
10.		OFFICERS AND I	DIRECTORS			ADDITIONS	/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	
TITLE			☐ Delete		P/D				☐ Change	Addition	
NAME Street Address				NAM STRE	e Et adoress	EVANS	S, JOHN AST LAKE D	eive			i
City-St-Zip					-ST-ZIP			LE. FL 33316	0		
TITLE	☐ Deleta			TITL	-	VP/T	T/S □ Change 120 Ac				
name Street address				NAME Stree			STANFORD, ALAN G. JR.				
CITY-ST-ZIP				-ST-ZIP	1626 PONCE DE LEON DRIVE FORT LAUDERDALE, FL 33316						
TITLE		<u> </u>	☐ Delete		Vρ	AIMOCHPTIC.	112 33310		☐ Change	Addition	
NAME	NA					VORDE	ekunz, Ch	ristopher W.			
STREET ADDRESS CITY-ST-ZIP					et adoress -St-Zip	2760	BIRCH TERM FL 333	2ACE			
TITLE		·	☐ Delete	TITLE		AL ALE	FL 573	30		☐ Change	₹ Addition
NAME				NAM		NATTO,	SHIELEY				
STREET ADDRESS CITY-ST-ZIP					et address -st-zip	2107	SE IOTH ÂVE	NUE #825			
TITLE			☐ Delete	TITLE		VP	AMDERDAL	E, FL 33316	<del></del>	☐ Change	M Addition
NAME				NAMI			ON, MAUN			☐ Citalige	Lej Addition
STREET ADDRESS CITY-ST-ZIP						LAS OLAS BL					
TITLE			- Delate	-ST-ZIP	Folt LA	LLDERDALE,	FL 33301				
NAME			☐ Delete	TITLE						☐ Change	☐ Addition
STREET ADDRESS					et address						l
CITY-ST-ZIP											
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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if											