2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 30, 2006 8:00 am Secretary of State

03-30-2006 90016 035 ***158.75

		90 HT 10	
I Place of Business	Mailing Address		70041300

Principal 12230 NW 77TH MANOR 12230 NW 77TH MANOR

PARKLAND, FL 3		PARKLAND, FL 3	3076	I konkren in eniki dini derik berik berik berik bila karik bilik enik enik enik enik enika inken in inga	
2. Principal Place	of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02232006 Chg-P CR2E034 (11/05)	
City & State		City & State		4. FEI Number Applied For 20 - 37 5 28 9 \ Not Applicable	
Zip	Country	Zip Country		5. Certificate of Status Desired S.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMYTH, STEVEN J 12230 NW 77TH MANOR PARKLAND, FL 33076			7. Name and Address of New Registereri Agent Name Street Address (P.O. Box Number is Not Acceptable)		
			Cit	FL Zip Code	
the obligations	ned entity submits this staten of registered agent.	myth		ice or registered agent, or both, in the State of Florida. I am familiar with, and accept 3/16/06 t signature required when reinstating) OATE	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

DOCUMENT # P05000149048

CELEBRITY JET MANAGEMENT, INC.

9. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Change Addition TITLE Delete NAME SMYTH, STEVEN J NAME STREET ADDRESS 12230 NW 77TH MANOR STREET ADDRESS CITY-ST-ZIP PARKLAND, FL 33076 CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 pliner like empowered.

SIGNATURE:

ME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #