## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 01, 2007 8:00 am **Secretary of State DOCUMENT # P05000149048** 02-01-2007 90033 021 \*\*\*150.00 CELÉBRITY JET MANAGEMENT, INC. Mailing Address Principal Place of Business 12230 NW 77TH MANOR 12230 NW 77TH MANOR PARKLAND, FL 33076 PARKLAND, FL 33076 No Chg-P CR2E034 (11/05) 01292007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3752891 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SMYTH, STEVEN J DO NOT WRITE 12230 NW 77TH MANOR PARKLAND, FL 33076 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME SMYTH, STEVEN J STREET ADDRESS 12230 NW 77TH MANOR PARKLAND, FL 33076 CITY-ST-ZiP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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 a state between with all other like empowered.

**SIGNATURE:** 

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

107 954-501-6842

FILED