2007 FOR PROFIT CORPORÁTION ANNUAL REPORT

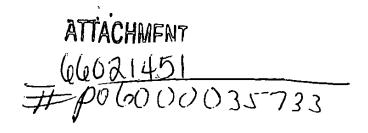
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7/.

ISIGNATURE AND WIPED OR PRINTED NAME OF SIGNING DIFFICEN OR DIRECTOR

FILED Aug 27, 2007 8:00 am Secretary of State 07-30-2007 90062 014 ***150.00

1. Entity Name JET UNIVERSITY TRAINING CENTER INC									
Principal Place of Business 9110 N W 53RD STREET CORAL SPRINGS, FL 33067		Mailing Address 9110 N W 53RD STREET CORAL SPRINGS, FL 33067			66021451				
2. Principal Place of Business - No P.O. Box # 3. Mailing Addres			85S						
Suite, Apt. #, etc.		Sulte, Apt. #, etc.			07252007	Chg-P	CR2E0	34 (12/06)	
City & State		City & State			4. FEI Numb) — 1	plied For at Applicable
Zip	Country Zip		Coun	try	5. Certificate	e of Status Desired		\$8.75 Add Fee Require	
Name and Address of Current Registered Agent				Name	7. Name and	d Address of New R	egistered /	gent	
COHEN, HEATH 9110 N W 53RD STREET CORAL SPRINGS, FL FL				Street Address (P.O. Box Number is Not Acceptable)					
			,						
The above needed entity or through this statement for the country of absoning its register				City			FL	Zip Code	
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									
Signature, typed or printed name of required agent and tille if applicable. (N-)TE Registered Agent agretium required when renetating) DA1E									
FILE NOWIII FEE IS \$550.00 Due by September 14, 2007 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND	DIRECTORS Delate	11.		ADDITIONS	CHANGES TO OFFI	ICERS AND	DIRECTORS Change	S IN 11
NAME STREET ADDRESS	COHEN, HEATH 9110 N W 53RD STREET CORAL SPRINGS, FL 33067	L. Deiste	STREE	1					L Addition
TITLE		☐ Delete	TITLE					Change	Andition
STREET ADDRESS CITY-ST-ZIP			STREI	ET ADDRESS ST-ZIP					
TITLE NAME		☐ Delete	TITLE	E				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP				FT ADDRESS - ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Đelete	0,1.5.	ET ADDRESS				Change	☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE					☐ Change	Addition
CATY-ST-ZEP	·	☐ Nahua	CLTA-	-SI-DP				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREE					□ craude	
12. I hereby cartify 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 receiverigt 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 air office receivering the description of the corporation or the receivering trustee empowered. SIGNATURE:									



FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FL 32314

GENTLEMEN:

ENCLOSED IS THE ANNUAL REPORT FORM FOR 2007.

THE ORIGINAL POSTCARD WAS NEVER RECEIVED IN JANUARY,2007 FOR THE YEAR 2007. PLEASE ACCEPT THE PAYMENT OF \$ 150.00 IN PAYMENT OF THE ANNUAL REPORT FEE.

THE FIRST NOTIFICATION WAS WITH THE CARD STATING AN INTENT TO DISSOLVE.

YOURS TRULY