2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

FILED
May 09, 2007 8:00 am
Secretary of State

04-23-2007 90057 046 ***150.00

DOCUMENT # P06000133216

1. Entity Name

SKYMAX AVIATION INC

Principal Place of Business	Mailing Address
1921 NE 28 STREET LIGHTHOUSE POINT FL 33064	1921 NE 28 STREET LIGHTHOUSE POINT FL 33064

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1921 NE 28 ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LIGHTHOUSE POINT FL	City & State:
Zip: 33064 Country: USA	Zip: Country:

4. FEI Number 20-5751618 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOOTH, ROBERT D
1921 NE 28 STREET
LIGHTHOUSE POINT FL 33064

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 [signature] 4/12/07
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, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	BOOTH, ROBERT D	
STREET ADDRESS	1921 NE 28 STREET	
CITY ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	S	☐ Delete
NAME	BOOTH, VALERIE	
STREET ADDRESS	1921 NE 28 STREET	
CITY ST ZIP	LIGHTHOUSE POINT FL 33064	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 other like empowered.

SIGNATURE: [signature] 4/12/07 954-942-9230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #