2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2006 08:00 AM Secretary of State **DOCUMENT # P93000084469** 1. Entity Name JET SIX, INC. Principal Place of Business Mailing Address 500 EAST BROWARD BOULEVARD **500 EAST BROWARD BOULEVARD SUITE 1950** SUITE 1950 FORT LAUDERDALE, FL 33394 FORT LAUDERDALE, FL 33394 No Chg-P CR2E034 (11/05) 03082006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0463767 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HARDIN, DAVID C DO NOT WRITE 500 EAST BROWARD BOULEVARD **SUITE 1950** IN THIS SPACE FORT LAUDERDALE, FL 33394 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 philipations of registered edent SIGNATURE. Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE U00000542673 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 05/10/06-80106-018 15A.**0**0 OFFICERS AND DIRECTORS 10. TITLE BAUR, THOMAS E NAME STREET ADDRESS 2601 SW 14 CT DEERFIELD BEACH, FL 33442 CITY-ST-ZIP THE F BAUR, CYNTHIA M NAME STREET ADDRESS 2601 SW 14 CT CATY-ST-ZIP DEERFIELD BEACH, FL 33442 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 an attachment with an address, with all other into empowered.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4-26-06

954-47-4696

FILED