


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2005 8:00 am
Secretary of State

08-23-2005 90011 048 ***550.00

DOCUMENT # P95000046387 1. Entity Name BOOMERANG AVIATION CORP.			
Principal Place of Business 605 SW 77TH WAY HANGAR 1 PEMBROKE PINES, FL 33023 US		Mailing Address 3074 LAKWOOD CIR WESTON, FL 33332	
2. Principal Place of Business 7491 S. AIRPORT RD		3. Mailing Address 7491 S. AIRPORT ROAD	
Suite, Apt. #, etc. PEMBROKE PINES, FL.		Suite, Apt. #, etc. PEMBROKE PINES, FL.	
City & State 33023 U.S.A.		City & State 33023 U.S.A.	
Zip 33023		Zip 33023	
Country U.S.A.		Country U.S.A.	
4. FEI Number 65-0593956		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EVANS, SHELDON P.A. 3074 LAKEWOOD CIRCLE WESTON, FL 33332		7. Name and Address of New Registered Agent Name JOHN THOMSON Street Address (P.O. Box Number is Not Acceptable) 7491 S. AIRPORT ROAD City PEMBROKE PINES FL Zip Code 33023	
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 <u>J. THOMSON</u> J. THOMSON DATE AUG. 18-05 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT THOMSON, JOHN D 605 SW 77TH WAY PEMBROKE PINES, FL 33023	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT THOMSON, JOHN D 7491 S. AIRPORT ROAD PEMBROKE PINES, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS THOMSON, PAULA G 605 SW 77TH WAY PEMBROKE PINES, FL 33023	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS THOMSON, PAULA G. 7491 S. AIRPORT ROAD PEMBROKE PINES FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>J. THOMSON</u> J. THOMSON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: AUG 18-05 <small>Date Daytime Phone #</small>	