


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P95000046387</b>	
1. Entity Name <b>BOOMERANG AVIATION CORP.</b>	

Principal Place of Business <b>7491 S AIRPORT RD PEMBROKE PINES, FL 33023 US</b>	Mailing Address <b>7491 S AIRPORT RD PEMBROKE PINES, FL 33023 US</b>
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**DO NOT WRITE IN THIS SPACE**



04252007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0593956</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**THOMPSON, JOHN  
7491 S AIRPORT ROAD  
PEMBROKE PINES, FL 33023**

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IN THIS SPACE**

B. 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 reissuing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

U00000749747  
05/18/07-80035-014 150.00

10. OFFICERS AND DIRECTORS	
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 7491 S AIRPORT ROAD PEMBROKE PINES, FL 33023
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IN THIS SPACE**

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 like empowered.

**SIGNATURE:**  **J. THOMSON** 4-25-07 954 983-1151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #