2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 03, 2007 8:00 am Secretary of State DOCUMENT # P97000025190 1. Entity Name 04-03-2007 90013 034 ***150.00 JET LIFT INTERNATIONAL, INC. Principal Place of Business Mailing Address 100 STARPORT WAY 100 STARPORT WAY SUITE 3 SUITE 3 SANFORD FL 32773 SANFORD FL 32773 3. Mailing Address 144 TERÍWOOD GT, Suite, Apt. #, otc. 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, otc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3447157 Not Applicable Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 1150 Fee Required: 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEE, RANDALL J Street Address (P.O. Box Number is Not Acceptable) 144 TERIWOOD CT FERNPARK FL 32730 City 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. RANDAII 5 4FF Inalure, typed or printed name of registered agent and title it applicable. 3-26-07 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Addition LEE, RANDALL J NAME NAME 144 TERIWOOD CT STREET ADDRESS STREET ADDRESS FERN PARK FL 32730 CITY-ST-ZIP CITY-S1-ZIP D TITLE Deiete DILE ☐ Change Addition LEE, RICHARD NAME NAME 395 TAYLOR BLVD, SUITE 100 STREET ADDRESS STREET ADDRESS PLEASANT HILL CA 94523 CITY-ST-ZIP CHY-SI-ZIP TITLE D ☐ Delete THUE Change Addition NAME LEE, MARIE L NAME STREET ADDRESS 144 TERIWOOD CT STREET ADDRESS FERN PARK FL 32700 CITY-ST-ZIP Clift - SI - Ziff TITLE ☐ Delete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS C(TY-ST-ZIP CITY-S1-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-SF-ZIP CITY - ST - ZIP HILE ☐ Deleie TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos, 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.

FILED

3-26-07 907-337-1718