

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000057584

1. Entity Name
EXECJET CHARTER, INC.



Principal Place of Business
**2665 NW 56TH ST
HANGER #18
FT LAUDERDALE, FL 33309**

Mailing Address
**6363 NW 6TH WAY
STE 400
FT LAUDERDALE, FL 33309**

DO NOT WRITE IN THIS SPACE



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0799884	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MACINNESS, DENNIS M
C/O MORSE OPERATIONS, INC.
6363 NW 6TH WAY, SUITE 400
FT LAUDERDALE, FL 33309**

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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000450990
03/10/06-80028-008 158.75

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MORSE, EDWARD J JR
STREET ADDRESS 6363 NW 6TH WAY, SUITE 400
CITY-ST-ZIP FT LAUDERDALE, FL 33309

TITLE ST
NAME MACINNES, DENNIS M
STREET ADDRESS 6363 NW 6TH WAY, SUITE 400
CITY-ST-ZIP FT LAUDERDALE, FL 33309

TITLE VO
NAME BEAVER, RICHARD L
STREET ADDRESS 6363 NW 6TH WAY, SUITE 400
CITY-ST-ZIP FT LAUDERDALE, FL 33309

TITLE DC
NAME MORSE, EDWARD J
STREET ADDRESS 6363 NW 6TH WAY, SUITE 400
CITY-ST-ZIP FT LAUDERDALE, FL 33309

TITLE V
NAME BEAVER, ELIZABETH A
STREET ADDRESS 6363 NW 6TH WAY, SUITE 400
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

[Signature]

Dennis M. MacInnes 2/14/06 954-351-0055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #