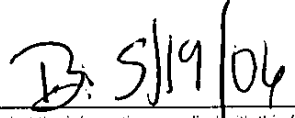


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000057584 1. Entity Name EXECJET CHARTER, INC.						FILED 06 MAY 15 PM 3:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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			
2. Principal Place of Business 1525 N.W. 56th ST. Suite, Apt. #, etc.		3. Mailing Address 1525 N.W. 56th ST. Suite, Apt. #, etc.					
City & State FT. LAUDERDALE, FL		City & State FT. LAUDERDALE FL		4. FEI Number 65-0799884		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33309		Country US		Zip 33309		Country US	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				05092006 Chg-P CR2E034 (11/05)			
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				7. Name and Address of New Registered Agent Name FRED CAESAR Street Address (P.O. Box Number is Not Acceptable) 1525 N.W. 56TH STREET City FORT LAUDERDALE FL Zip Code 33309			
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  DATE 10 MAY 06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
200075215272 05/25/06--01004--014 **70.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORSE, EDWARD J JR 6363 NW 6TH WAY, SUITE 400 FT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARD LEVY 1525 N.W. 56th ST. FT. LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MACINNES, DENNIS M 6363 NW 6TH WAY, SUITE 400 FT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HADI FALAHATI 1525 N.W. 56th ST. FT. LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BEAVER, RICHARD L 6363 NW 6TH WAY, SUITE 400 FT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHARON FALAHATI 1525 N.W. 56th ST. FT. LAUDERDALE FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MORSE, EDWARD J 6363 NW 6TH WAY, SUITE 400 FT LAUDERDALE, FL 33309	<input checked="" 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	V BEAVER, ELIZABETH A 6363 NW 6TH WAY, SUITE 400 FORT LAUDERDALE, FL 33309	<input checked="" 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		
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:  S. FALAHATI <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
05/09/06 (818) 786-2001 <small>Date Daytime Phone #</small>							