2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 20, 2006 08:00 AN Secretary of State **DOCUMENT # P99000027418** 1. Entity Name GES AIRCRAFT, INC. Principal Place of Business Mailing Address 2950 N.W. 22 TERRACE 2950 N.W. 22 TERRACE POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069 04042006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0910841 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHEPHERD, GEORGE E DO NOT WRITE 2950 NW 22ND TERRACE POMPANO BEACH, FL 33069 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. 4 .... Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. $\Box$ Added to Fees 10. OFFICERS AND DIRECTORS PSD TITLE SHEPHERD, GEORGE E NAME STREET ADDRESS 2950 N.W. 22 TERRACE U00000519934 05/02/06-80073-017 150.00 CITY-ST-ZIP POMPANO BEACH, FL 33069 TITLE NAME STREET ADDRESS C/TY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-70 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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

NAME STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

April 18th

954-960-1468

Daytime Phone #

**FILED**