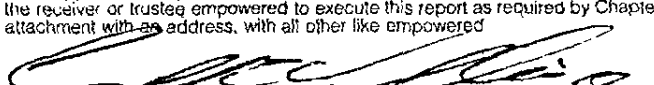


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000058910			
1. Entity Name GRANDE AIR SERVICES OF KEY WEST INC			
Principal Place of Business 491 AVENUE F KEY WEST FL 33040		Mailing Address P O BOX 5739 KEY WEST FL 33045	
2. Principal Place of Business 491 Ave F		3. Mailing Address 5739 Po Box	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Key West Fla		City & State Key West Fla	
Zip 33040		Zip 33040	
Country Florida		Country Florida	
6. Name and Address of Current Registered Agent WILLIAMS, CARLISLE 491 AVE F KEY WEST FL 33040		7. Name and Address of New Registered Agent Name None Street Address (P.O. Box Number is Not Acceptable) City FL 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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSTD WILLIAMS, CARLISLE E 491 AVE F KEY WEST FL 33040 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	U00000434127 02/24/06-80046-012 150.00 ☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  2-2006