

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000914

FILED
Jun 28, 2005
Secretary of State

Entity Name: AWAS AVIATION SERVICES, INC.

Current Principal Place of Business:

445 PARK AVENUE, 20TH FLOOR
NEW YORK, NY 10022

New Principal Place of Business:

Current Mailing Address:

445 PARK AVENUE, 20TH FLOOR
NEW YORK, NY 10022

New Mailing Address:

FEI Number: 13-4145141 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: HAMILTON, SALLY S
Address: 445 PARK AVENUE, 20TH FLOOR
City-St-Zip: NEW YORK, NY 10022 US

Title: VD () Delete
Name: TRAVIS, STEVEN F
Address: 110/110TH AVENUE NORTHEAST, SUITE 410
City-St-Zip: BELLEVUE, WA 98004

Title: VD () Delete
Name: CUMMING, GREGORY J
Address: 110/110TH AVENUE NORTHEAST, SUITE 410
City-St-Zip: BELLEVUE, WA 98004

Title: V () Delete
Name: PADGETT, BILL
Address: 110/110TH AVENUE NORTHEAST, SUITE 410
City-St-Zip: BELLEVUE, WA 98004

Title: V () Delete
Name: CARNELL, DENNIS
Address: 110/110TH AVENUE NORTHEAST, SUITE 410
City-St-Zip: BELLEVUE, WA 98004

Title: VS () Delete
Name: KARAVASILIS, KIMBERLY
Address: 445 PARK AVENUE, 20TH FLOOR
City-St-Zip: NEW YORK, NY 10022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: GRAHAM, CHARLES
Address: 110/110TH AVENUE NORTHEAST, SUITE 410
City-St-Zip: BELLEVUE, WA 98004

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY WERDERMAN KARAVASILIS

VS

06/28/2005

Electronic Signature of Signing Officer or Director

Date