## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000000914

Entity Name: AWAS AVIATION SERVICES, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:				
ONE WEST SUITE 100- NEW YORK						
Current Mailing Address:			New Mailing Address:			
ONE WEST SUITE 100- NEW YORK						
FEI Number:	13-4145141	FEI Number Applied For ( )	FEI Number Not App	plicable ( ) Certificate of Status Desired (X)		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US						
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:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title: Name:	HAMILTON, SALI ONE WEST STR NEW YORK, NY VD () I TRAVIS, STEVEN	EET, SUITE 100-5 10004 US Delete N F	Title: Name: Address: City-St-Zip: Title: Name:	PD (X) Change ( ) Addition HAMILTON, SALLY S ONE WEST STREET, SUITE 100-5 NEW YORK, NY 10004 US  D (X) Change ( ) Addition PRAY, FRANKLIN		
Address: City-St-Zip:	BELLEVUE, WA	IUE NORTHEAST, SUITE 410 98004	Address: City-St-Zip:	ONE WEST STREET, SUITE 100-5 NEW YORK, NY 10004 US		
Title: Name: Address: City-St-Zip:	CUMMING, GRE	IUE NORTHEAST, SUITE 410	Title: Name: Address: City-St-Zip:	VS (X) Change ( ) Addition KARAVASILIS, KIM WERDERMAN ONE WEST STREET, SUITE 100-5 NEW YORK, NY 10004 US		
Title: Name: Address: City-St-Zip:	V () [ PADGETT, BILL 110/110TH AVEN BELLEVUE, WA	IUE NORTHEAST, SUITE 410	Title: Name: Address: City-St-Zip:	V (X) Change ( ) Addition LOPES, ANTONIO 110/110TH AVENUE NORTHEAST, SUITE 410 BELLEVUE, WA 980004 US		
Title: Name: Address: City-St-Zip:	LOPES, ANTONI	IUE NORTHEAST, SUITE 410	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	KARAVASILIS, K	Delete IM WERDERMAN EET, SUITE 100-5 10004	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KIM WERDERMAN KARAVASILIS VS 04/30/2007