


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2006 08:00 A
Secretary of State

DOCUMENT # F05000006417


1. Entity Name
 NAVIGATION ELECTRONICS, INC.



Principal Place of Business
 1303 LAUREL DR.
 CLEARWATER, FL 33756

Mailing Address
 200 TOLEDO DRIVE
 LAFAYETTE, LA 70506

DO NOT WRITE IN THIS SPACE



05052006 No Chg-P CR2E034 (11/05)

4. FEI Number 72-1125108	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCORMICK, ERIN
 1303 LAUREL DR.
 CLEARWATER, FL 33756

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP POCHE, BARBARA 200 TOLEDO DRIVE LAFAYETTE, LA 70506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POCHE, RICHARD 119 ABERDEEN LAFAYETTE, LA 70508
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEROUGE, JOSEPH 540 ROBERT LEE CIR. LAFAYETTE, LA 70506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUIDRY, KELLIE 200 TOLEDO DRIVE LAFAYETTE, LA 70506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POCHE, WILLIAM 200 TOLEDO DRIVE LAFAYETTE, LA 70506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/20/06-80098-017 150.00

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: *Barbara Poche* 5-12-06 337-237-1413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #