


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F05000006417		
1. Entity Name NAVIGATION ELECTRONICS, INC.		
Principal Place of Business 1234 WAVERLY ROAD TALLAHASSEE, FL 32312	Mailing Address 200 TOLEDO DRIVE LAFAYETTE, LA 70506	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
		Country

FILED

2008 NOV -3 PM 4: 30



10282008 Chg-P CR2E034 (12/06)

4. FEI Number **72-1125108** Applied For
No: Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TOLLE, BRANDON 1234 WAVERLY ROAD TALLAHASSEE, FL 32312	Name 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when re-registering)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fee 900137571429 11/03/08--01003--012 **61.25
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	CP POCHE, BARBARA 200 TOLEDO DRIVE LAFAYETTE, LA 70506	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	V POCHE, RICHARD 119 ABERDEEN LAFAYETTE, LA 70508	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D LEROUGE, JOSEPH 540 ROBERT LEE CIR. LAFAYETTE, LA 70506	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	V GUIDRY, KELLI 200 TOLEDO DRIVE LAFAYETTE, LA 70506	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	S POCHE, WILLIAM 200 TOLEDO DRIVE LAFAYETTE, LA 70506	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 10-28-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #