


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 11, 2006 08:00 AM
Secretary of State

DOCUMENT # H22183 1. Entity Name U.S. AVIATORS, INC.	
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Principal Place of Business 6595 STONE ROAD WEST PALM BEACH, FL 33413	Mailing Address 6595 STONE ROAD WEST PALM BEACH, FL 33413
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DO NOT WRITE IN THIS SPACE



07132006 No Chg-P CR2E034 (11/05)

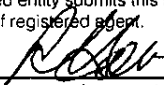
4. FEI Number 59-2560670	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, ROY A.
6595 STONE ROAD
WEST PALM BEACH, FL 33413

DO NOT WRITE IN THIS SPACE

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: 7-5-06

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

**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	PST HALL III, ROY A. 6595 STONE RD W PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL III, ROY A. 6595 STONE RD W PALM BEACH, FL
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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:  DATE: 7-5-06 DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR