2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006
Secretary of State

DOCUMENT# V05146

Entity Name: HAWK AVIATION SERVICES, INC.

Current Principal Place of Business:

1341 PINE AVENUE
ORLANDO, FL 32824 US

New Principal Place of Business:

Current Mailing Address:

1341 PINE AVENUE
ORLANDO, FL 32824 US

New Mailing Address:

FEI Number: 59-3102359 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, MARK
1341 PINE AVENUE
ORLANDO, FL 32824 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: P/T ( ) Delete
Name: SMITH, MARK
Address: 1341 PINE AVENUE
City-St-Zip: ORLANDO, FL 32824

Title: S ( ) Delete
Name: SWEAT, PAULA
Address: 8532 LYONIA DRIVE
City-St-Zip: ORLANDO, FL 32829

Title: VP-M ( ) Delete
Name: GETTY, ROBERT
Address: 1103 MARYLAND AVENUE
City-St-Zip: ST CLOUD, FL 34769

Title: VP-Q ( ) Delete
Name: SULLIVAN, TIMOTHY
Address: 400 DIANE COURT
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP-M (X) Change ( ) Addition
Name: FRANCIS, JASON
Address: 113 ORANGE AVE
City-St-Zip: ST CLOUD, FL 34769

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 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: MARK SMITH P/T 01/19/2006

Electronic Signature of Signing Officer or Director Date