## **FILED** 2006 FOR PROFIT CORPORATION - ANNUAL REPORT Mar 20, 2006 08:00 AM Secretary of State

DOCUMENT #833917  1. Entity Name AVALOTIS CORPORATION
Principal Place of Business 400 JONES ST VERONA, PA 15147



DO NOT WRITE IN THIS SPACE

Mailing Address PO BOX 6 VERONA, PA 15147

> 03122006 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 25-1187540 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 

6. Name and Address of Current Registered Agent

1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			IN THIS SPACE		
the obligat	ions of registered agent.	urpose of changing its registere	d office or re	egistered agent, or bo	th, in the State of Florida. 1 am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agrent and the 4	applicable. (NOTE, Registered	AgenCsignature	required when reinstating)	DATE
F(L After Ma	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing .	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	_		
title name street address city-st-zip	PD AIVALIOTIS, ARISTOTLE G 400 JONES ST VERONA, PA 15147				tinnnn474572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD AIVALIOTIS, CHRIS 400 JONES ST VERONA, PA 15147				000000474572 84/04/06-80030-002 150.00
TITLE NAME STREET AGORESS CITY-ST-ZIP				_	NOT WRITE
title Name Street Address City-St-Zip				IN 7	THIS SPACE
Tivile Name Street address City-St-Zip					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby o	certify that the information supplied with this fill	ng does not qualify for the exe	mptions con	itained in Chapter 119	7, 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 it 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:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

412 . 828 . 9666-