


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000002926 1. Entity Name DALLAS AVIONICS, INC.	
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Principal Place of Business 2525 SANTA ANNA AVE DALLAS, TX 75228	Mailing Address 2525 SANTA ANNA AVE DALLAS, TX 75228
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01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-1434330	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 ENLOE, TODD J 10303 S.W. 83 TERRACE OCALA, FL 34481
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**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVPD BAKER, BOB 2525 SANTA ANNA AVE DALLAS, TX 75228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT DAVIS, DONNA W 2525 SANTA ANNA AVE DALLAS, TX 75228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, SCOTT W 2525 SANTA ANNA AVE DALLAS, TX 75228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MUHL, SALLY 2525 SANTA ANNA AVE DALLAS, TX 75228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/11/06-80078-025 150.00

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IN THIS SPACE**

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 Sally Muhl SALLY MUHL 4-26-06 214-320-9770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #