2007 FOR PROFIT CORPORATION ANNUAL REPORT JMENT # F02000002926 S AVIONICS, INC. FILED May 18, 2007 8:00 am Secretary of State 05-18-2007 90029 024 ***150.00

DOCU 1. Entity Nam DALLAS				05-18-2007	90029 02	:4 ****15\	J.00				
Principal Place 2525 SANTA DALLAS, TX	ANNA AVE	5	Mailing Address 2525 SANTA ANNA AVE DALLAS, TX 75228			40116504					
2. Principal P	lace of Busin	ess - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			05072007 Chg-P CR2E034 (12/06)					
City & State			City & State			4. FEI Number Applied For 75-1434330 Not Applicable					
Zip	Country		Zip	Co	ountry			of Status Desired		8.75 Add ee Required	
	u. Name	and Address of Current	Registered Agent		Name		7. Name and	Address of New R	Registered A	gent	
ENLOE, TO 10303 S.W	Street Address (P.O. Box Number is Not Acceptable)										
OCALA, FL 34481								 			
9 The change of					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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent argusture required when renatating) DATE											
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign Fir							00 May Be ed to Fees	In accordance v			
10.		OFFICERS AND	DIRECTORS	1	11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE	CVPD		∭ De	elete	TITLE					Change	Addition
NAME Street Address City+St+Zip		OB ITA ANNA AVE TX 75228	7	5	NAME Street Address City-St-Zip		_				í
name Street adoress City-St-Zip		ONNA W ITA ANNA AVE TX 75228	□ De	,	TITLE NAME STREET ADDRESS CITY+ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		COTT W ITA ANNA AVE TX 75228	De	, s	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP		ALLY ITA ANNA AVE TX 75228	□ De	, s	name Street address City-St-Zip					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ De	2	THTLE NAME STREET ADDRESS CITY+ST-ZIP					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			□ De	M S	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition

12. I hereby certify that the information supplied with this filling 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 attactment with an address, with all other like empowered.

| Down W. DAVIS

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1507

214-330 9770