

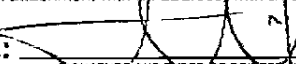


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:0**  
**Secretary of S**

<b>DOCUMENT # F02000004868</b>		
1. Entity Name CANAM AVIATORS, INC.		
Principal Place of Business 104 AZALEA CIRCLE NEW SMYRNA BEACH, FL 32168		Mailing Address 104 AZALEA CIRCLE NEW SMYRNA BEACH, FL 32168
<b>DO NOT WRITE IN THIS SPACE</b>		
		
01182006 No Chg-P CR2E034 (11/05)		
4. FEI Number 59-3531236		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fees Required
6. Name and Address of Current Registered Agent  SIMARD, DANIEL 104 AZALEA CIRCLE NEW SMYRNA BEACH, FL 32168		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS SIMARD, DANIEL 104 AZALEA CIRCLE NEW SMYRNA BEACH, FL 32168	<b>DO NOT WRITE IN THIS SPACE</b>
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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:  <b>DANIEL SIMARD</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>1-25-06</b> Daytime Phone # <b>386-405-7226</b>

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ALICIA SIMARD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **1-25-06** Daytime Phone # **386-426-6163**