2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000000726

SIGNATURE: _

AGNATURE AND TYPED OR PRIVED NAME OF SIGNING OFFICER OR DIRECTOR

PROFESSIONAL AVIATION ASSOCIATES, INC.



FILED Apr 20, 2006 8:00 am Secretary of State 04-20-2006 90188 033 ***150.00

703-478-5800

Daytime Phone ≉

Principal Plac	e of Business	Mailing Address								
4694 AVIATION PARKWAY, SUITE K ATLANTA, GA 30349		1750 TYSONS BLVD., STE 1400 MC LEAN, VA 22102-4244								
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2. Principal P	tace of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt, #, etc.			03272006	03272006 Chg-P CR2E034 (11/05)				
City & Stat	е	City & State			4. FE! Numb			<u> </u>	plied For t Applicable	
Zip	Country	Zip	Zip Country		5. Certificati	5. Certificate of Status Desired Service Service Status Desired Service Servic				
	6. Name and Address of Current	Registered Agent	T	···	7. Name an	d Address of New F	Registered A	gent		
					Name					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				Street Address (P.O. Box Number is Not Acceptable)						
			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. Lam familiar with, and accept										
the obligations of registered agent.										
SIGNATURE										
Signature, typed or omised name of registured agent and title if applicable. (NOTE: Registured Agent argnature required when ruinstating) DATE									·····	
FILE NOWILL FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be										
After Ma	ay 1, 2006 Fee will be \$550.(00 Trust Fund Cont	ribution.		Added to Fees					
10.	OFFICERS AND DIRECTORS 11.				ADDITIONS	CHANGES TO DE	ICEBS AND	DIRECTOR	2 IN 4.1	
TITLE	PD	Delete TITL			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
NAME:	CHASTAIN, T.J.	□ Dete(¢	NAME					Change	C_3 Addition	
STREET ADDRESS	8588 CANAL DRIVE	· · · · · · · · · · · · · · · ·		ADDRESS						
CITY-ST-ZIP	JONESBORO, GA 30236	CITY		F-ZIP						
TITLE	VD	☐ Delete	TITLE		***************************************			☐ Change	Addition	
NAME	COX, JERRY E		NAME	-				□ onlinge		
STREET ADDRESS	905 OLD GREENVILLE ROAD		STREET	address						
CITY-ST-ZIP	FAYETTEVILLE, GA 30215		CITY-SE	r-zip						
TITLE	VD	☐ Delete	FITLE		W-1-10-101			Change	☐ Addition	
NAME	PERSAVICH, WARREN D		NAME							
STREET ADDRESS	1750 TYSONS BLVD., STE 1400	•	STREET	ADDRESS						
CITY-ST-ZIP	MC LEAN, VA 221024244		CITY-ST	T-ZIP						
TITLE	V	Delete	TITLE		V			☐ Change	Addition	
NAME	FLYNN, JOHN L		NAME		Fox, James 1750 Tyson	Blud St	W 1400			
STREET ADDRESS	1750 TYSONS BLVD., STE 1400				1750 1450h	3 2.04.,0.				
CITY-ST-ZIP	MC LEAN, VA 221024244		CITY-ST	r-ZIP	McLean, V.	4 22/02-4	1244			
TITLE	V	☐ Delete	TITLE					🗀 Charige	☐ Addition	
NAME STREET ADDRESS	MILLER, DONALD E		NAME	40000000						
CITY-ST-ZIP	1750 TYSONS BLVD., STE 1400 MC LEAN, VA 221024244	ı	STREET I	ADDRESS					1	
		П	_	-ZIF						
TITLE	VTS LOUGH, BRADLEY T	☐ Delete	TITLE					☐ Change	☐ Addition	
STREET ADDRESS	1750 TYSONS BLVD., STE 1400		NAME STOCET	ADDRESS						
CITY-ST-ZIP	MC LEAN, VA 221024244	ı	CITY-ST	- 1						
	<u></u>	this filing doos not avalify (-	_!	1	natained in Change 44	O. Cherida Chataire : 1	franklan	a shows the co		
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.										