## 2007 FOR PROFIT CORPORATION

## FILED May 29, 2007 08:00 A tate

ANNUAL REPORT				Secretary of St			
1. Entity Name	MENT # F060000011 AVIATION, INC.	194			50	ecretary or S	
	se of Business RSIDE RD - STE 105 N, DE 19810-4902	Mailing Address P O BOX 586 WAUCHULA, FL 33873					
	O NOT WOITE	THE COA	<b>2</b> 5	04202007		<b>                                    </b>	
ט	OO NOT WRITE	IN THIS SPA	(CE	4. FEI Number 20-3840		Applied For Not Applicable  \$8.75 Additional	
	6. Name and Address of Current Ro		• •	5. Certificate of	i Status Desired [	Fee Required	
WAUCHUL	DUMITRUE CONE PARK LA, FL 33873  In named entity submits this statement for thins of registered agent.	the purpose of changing its registe	ared office or register	IN T	HIS SPA	CE	
SIGNATURE_	Signature, typed or printed name of registered agent and	d bite if applicable (NOTE, Register	red Agent signature required	d when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution				.00 May Be led to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND D P GROSU, DUMITRU 2460 PINE CONE PARK WAUCHULA, FL 33873	RECTORS				0765674 -80017-009 150.00	
CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO I	NOT WR	IITE	
NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME				IN T	HIS SPA	CE	
STREET ADDRESS CITY-ST-ZIP					. : 4		

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR