
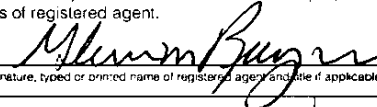
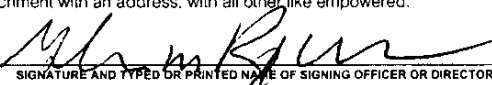


## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F95000001834						03/17/07 11:31:15	
1. Entity Name SHASTA AVIATION CORPORATION							
Principal Place of Business 1620 S.W. 75 AVE HOLLYWOOD, FL 33023 US				Mailing Address 1620 S.W. 75 AVE HOLLYWOOD, FL 33023 US			
2. Principal Place of Business 1620 SW 75 Avenue			3. Mailing Address 1620 SW 75 Avenue				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State Pembroke Pines, FL			City & State Pembroke Pines, FL			4. FEI Number 82-0475278	
Zip 33023		Country USA		Zip 33023		Country USA	
6. Name and Address of Current Registered Agent SCOTT, RUNYAN 1620 S.W 75 AVE C/O CRESCENT FACILITY HOLLYWOOD, FL 33023				7. Name and Address of New Registered Agent Name GLENN RUNYAN Street Address (P.O. Box Number is Not Acceptable) c/o Crescent Facility 1620 SW 75 Avenue City Pembroke Pines FL Zip Code 33023			
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 			GLENN RUNYAN			11/9/06	
Signature, typed or printed name of registered agent and state if applicable.			(NOTE: Registered Agent signature required when reinstating)			DATE	
Amended AR is \$61.25			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD SCOTT, RUNYAN 1620 S.W 75 AVE HOLLYWOOD, FL 33023	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D Glenn Runyan 1620 SW 75 Avenue Pembroke Pines, FL 33023	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP NIXON, JOHN MICHAEL 1620 S.W 75 AVE HOLLYWOOD, FL 33023	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP-T S-D Blair White 1620 SW 75 Avenue Pembroke Pines, FL 33023	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	700081764417 11/14/06--01036-010 *\$111.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			GLENN RUNYAN			11/9/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date			Daytime Phone #	