2006 FOR PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

May 02, 2006 8:00 am Secretary of State DOCUMENT # G26063 05-02-2006 90155 017 ***150.00 PRECISION AVIATION DESIGN, INC. Principal Place of Business Mailing Address #MALLAAA 5311 24TH AVE E 5311 24TH AVE PALMETTO, FL 34221 PALMETTO, FL 34221 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-2269935 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GODEREY, ROBERT GODFREY, PATRICIA A Street Address (P.O. Box Number is Not Acceptable) 5311 24TH AVE E PALMETTO, FL 34221 24 d AJ E 8. The above named entity subgrits 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. NOTE: Registered Agent signature required when reinstating) Signature, typed o 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. DP Delete TITLE ☐ Change ☐ Addition TITLE GODFREY, ROBERT V NAME NAME 5311 24TH AVE E STREET ADDRESS STREET ADDRESS PALMETTO, FL 34221 CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ■ Addition GODFREY, PATRICIA A. NAME NAME 5311 24TH AVE E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP PALMETTO, FL 34221 GODFREY, ROBERT L. TITLE ☐ Change ☐ Addition TITLE NAME NAME 5311 24 AV E STREET ADDRESS STREET ADDRESS PAIMETTO FI 34221 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

1-27-06

Daytime Phone #