


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 14, 2006 8:00 am
Secretary of State

09-14-2006 90002 009 ***550.00

| | | | | | |
|---|-----------------|---------------------|---|--|-----------------------------------|
| DOCUMENT # H16217 1. Entity Name INVESTORS AVIATION, INC. | | | |  | |
| Principal Place of Business 612 BEACHLAND BLVD. VERO BCH. FL 32963 | | | Mailing Address 612 BEACHLAND BLVD. VERO BCH. FL 32963 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2430290 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div> | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 2nd MOORE CR2E034 (4/06) | |
| 6. Name and Address of Current Registered Agent PARENT, PAUL X. 612 BEACHLAND BLVD. VERO BCH. FL 32963 | | | | 7. Name and Address of New Registered Agent Name 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$550.00 DUE BY September 6, 2006 Make Check Payable to Florida Department of State | | | S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/> | | |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | 10. OFFICERS AND DIRECTORS | | |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | TITLE | NAME |
| P | PARENT, PAUL X. | 612 BEACHLAND BLVD. | VERO BCH. FL | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| VP | PARENT, MERRY | 612 BEACHLAND BLVD. | VERO BCH. FL | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| ST | MCBRIDE, DEBBIE | 4220 5TH PLACE | VERO BEACH FL 32968 | <input checked="" type="checkbox"/> Delete | <input type="checkbox"/> Change |
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| <input type="checkbox"/> Delete | | | | <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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-06 772-231-6803
Date Daytime Phone #