


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90119 003 ***150.00

| | | |
|--|--|---|
| DOCUMENT # H90045 | |  |
| 1. Entity Name AVIATION VENTURES, INC. | | |
| Principal Place of Business 19061 GUNN HWY ODESSA FL 33556 | | Mailing Address 19061 GUNN HWY ODESSA FL 33556 |



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|--|--|
| 2. Principal Place of Business 8515 Old Country Road | 3. Mailing Address 8515 Old Country Road |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

1st MOORE CR2E034 (10/05)

| | | | |
|--|--|---|--|
| City & State Odessa, Florida | City & State Odessa, Florida | 4. FEI Number 59-2612288 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33556 | Country USA | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent RAFFERTY TOM O 19061 GUNN HWY ODESSA FL 33556 | | 7. Name and Address of New Registered Agent Name Rafferty Tom O Street Address (P.O. Box Number is Not Acceptable) 8515 Old Country Road City Odessa FL Zip Code 33556 | |
|---|--|---|--|

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 \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 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 | PSD RAFFERTY, TOM O. 19061 GUNN HWY ODESSA FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | "SAME" 8515 Old Country Road Odessa, FL. 33556 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RAFFERTY, KAREN L. 19061 GUNN HWY ODESSA FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | "SAME" 8515 Old Country Road Odessa, FL. 33556 <input checked="" 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 |
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| 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 Section 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: **Tom O. Rafferty** **Tom O. Rafferty** 3/16/06 (813) 920-2742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

200/6598
#H90045

March 6, 2006

Street and number change only, same physical address. Street and number change due to County E-911 emergency service requirements. All else remains the same.

Thanks.