2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L25417

City-St-Zip:

Entity Name: GK AVIATION, INC.

FILED Mar 13, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: % GUY S. HAGGARD 301 EAST PINE ST SUITE 1400 ORLANDO, FL 32802 **New Mailing Address: Current Mailing Address:** % GUY S. HAGGARD 301 EAST PINE ST SUITE 1400 ORLANDO, FL 32802 FEI Number: 59-2976025 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAGGARD, GUY S. 301 EAST PINE ST **SUITE 1400** ORLANDO, FL 32802 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition HAGGARD, GUY S., HAGGARD, GUY S Name: Name: 301 EAST PINE ST SUITE 1400 301 EAST PINE ST SUITE 1400 Address: Address: City-St-Zip: ORLANDO, FL 32802 City-St-Zip: ORLANDO, FL 32802 () Delete Title: VPD Title: () Change () Addition EASTERLING, MIKE Name: Name: 312 OAK ESTATES DR. Address: Address: City-St-Zip: ORLANDO, FL 32806 City-St-Zip: Title: Title: VPD () Delete () Change () Addition LEONHARDT, FRED Name: Name: 301 EAST PINE ST. SUITE 1400 Address: Address: City-St-Zip: ORLANDO, FL 32801 City-St-Zip: Title: () Delete Title: VPD () Change (X) Addition WILLIAMS, LEN Name: Name: Address: Address: 2900 WEST FIRST STREET

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SANFORD, FL 32771

SIGNATURE: GUY S. HAGGARD P 03/13/2007