2008 FOR PROFIT CORPORATION ANNUAL REPORT—

Jan 24, 2008 08:00 AN DOCUMENT # L60839 **Secretary of State** 1. Entity Name AVIATION ASSOCIATES, INC. Principal Place of Business Mailing Address 5201 SOUTHWEST 31ST AVENUE 5201 SW 31ST AVE **SUITE 243** STE 243 FORT LAUDERDALE, FL 33312 FT LAUDERDALE, FL 33312 No Chg-P CR2E034 (11/05) 01132008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0182581 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent many of the same o NEUWIRTH, S EDWARD DO NOT WRITE 5201 SW 31ST AVE **STE 243** IN THIS SPACE FT LADUERDALE, FL 33312 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NEUWIRTH, S. EDWARD NAME STREET ADDRESS 5201 S.W. 31ST. AVE. #243 CITY-ST-ZIP FORT LAUDERDALE, FL 33312 TITLE NAME 01/24/08-80028-015 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 charged, or on an attachment with an address, with all other like empowered.

OR DIRECTOR

1/21/08 954-456-5611 Date Destrict Priore 4

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