

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000174

FILED
Apr 14, 2006
Secretary of State

Entity Name: C 2 AVIATION, INC.

Current Principal Place of Business:

661 N.W. SUNSET DRIVE
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

661 N.W. SUNSET DRIVE
STUART, FL 34994

New Mailing Address:

FEI Number: 59-3358323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRARY, LAWRENCE E III
555 COLORADO AVENUE
SUITE 1
STUART, FL 34994 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MEYER, ROBERT
Address: 661 N.W. SUNSET DRIVE
City-St-Zip: STUART, FL 34994

Title: DV () Delete
Name: MEYER, SANDRA
Address: 661 N.W. SUNSET DRIVE
City-St-Zip: STUART, FL 34994

Title: SD () Delete
Name: BATES, ROBERT
Address: 1760 HURON TR.
City-St-Zip: MAITLAND, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT MEYER

PRES

04/14/2006

Electronic Signature of Signing Officer or Director

Date