

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

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

04-14-2006 90130 037 ***150.00

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03302006 Chg-P CR2E034 (11/05)

DOCUMENT # P00000052181					
1. Entity Name FUTURE AVIATION, INC.					
Principal Place of Business 14111 JETPORT LOOP FORT MYERS, FL 33913			Mailing Address 3000 TAFT ST. HOLLYWOOD, FL 33021		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-1011336				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MENDELSON, VICTOR H ESQ 825 BRICKELL BAY DRIVE SUITE 1644 MIAMI, FL 33131				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			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	DT	<input type="checkbox"/> Delete	TITLE	GM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IRWIN, THOMAS S		NAME	TUTTLE, GREG	
STREET ADDRESS	3000 TAFT STREET		STREET ADDRESS	14111 JETPORT LOOP	
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP	FORT MYERS, FL 33913	
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORELL, WIS J		NAME	MORELL, LUIS J.	
STREET ADDRESS	7875 NW 64 ST		STREET ADDRESS	7875 NW 64 ST	
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	S	<input type="checkbox"/> Delete	TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LETENDRE, ELIZABETH		NAME	KUDJA, CARLOS	
STREET ADDRESS	3000 TAFT STREET		STREET ADDRESS	7875 NW 64 ST.	
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VETTER, JUDITH W		NAME		
STREET ADDRESS	3000 TAFT STREET		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Thomas S Irwin Treasurer 3/31/06		9547447560	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	