
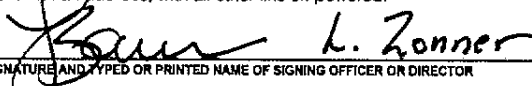


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000000168		
1. Entity Name THE AVIAN GROUP, INC.		
Principal Place of Business 1410-A CLARA MORRIS AVENUE MOUNT DORA, FL 32757	Mailing Address 1410-A CLARA MORRIS AVENUE MOUNT DORA, FL 32757	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ZONNER, LARRY 21347 ROLLINGWOOD TRAIL EUSTIS, FL 32736-8314		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE</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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD ZONNER, SALLY 21347 ROLLINGWOOD TRAIL EUSTIS, FL 327368314	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD ZONNER, LARRY 21347 ROLLINGWOOD TRAIL EUSTIS, FL 327368314	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZONNER, MICHAEL 21347 ROLLINGSWOOD TRL EUSTIS, FL 32757	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZONNER, MICHELLE 21347 ROLLINGSWOOD TRL EUSTIS, FL 32757	
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 changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/26/06 352-589-9764 <small>Date Daytime Phone #</small>



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3697886	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

1100000558994
05/17/06-80120-007 150.00

**DO NOT WRITE
IN THIS SPACE**