2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 10, 2006 8:00 am Secretary of State **DOCUMENT # P01000015252** 02-10-2006 90023 017 ***158.75 C'S AVIATION MANAGEMENT CORP Principal Place of Business Mailing Address 50000097 1758 GLEN ABBY LANE 1758 GLEN ABBY LANE WINTER HAVEN, FL 33881 WINTER HAVEN, FL 33881 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01262006 Chg-P CR2E034 (11/05) Gity & State 4. FEI Number Applied For City & State 65-1076524 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo CARROLL, MICHAEL F CARROLL, MICHAEL F 1758-CLEN ABBY LNE 21 Chinkapin Circle WINTER HAVEN, FL. 33881 Homosassa, FC 34416 Street Address (P.O. Box Number is Not Acceptable) 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 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition TAPROU MICHAEL CARROL, MICHAEL NAME NAME Zi Chinkapin Circle STREET ADDRESS 1758 GLEN ABBY LANE STREET ADDRESS Homosocca, FL 34146 WINTER HAVEN, FL 33881 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE X Change ☐ Addition CARROL, WENDY SICHINKAPIN CITCLE NAME WENDY, CARROLL NAME 1758 GLEN ABBY LANE STREET ADDRESS STREET ADDRESS Homosassa WINTER HAVEN, FL 33881 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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

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changed, or on an attachment with an address, with all other like empowered.

FILED