
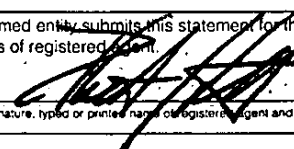
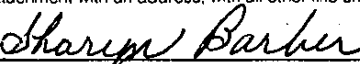


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90255 041 ***158.75

DOCUMENT # P01000102655					
1. Entity Name AVAIR MANAGEMENT, INC.					
Principal Place of Business 2640 GOLDEN GATE PARKWAY, SUITE 301 NAPLES, FL 34105			Mailing Address 2640 GOLDEN GATE PARKWAY, SUITE 301 NAPLES, FL 34105		
2. Principal Place of Business 5551 Ridgewood Dr. Suite, Apt. #, etc. Suite 401		3. Mailing Address 5551 Ridgewood Dr. Suite, Apt. #, etc. Suite 401			
City & State Naples, FL		City & State Naples, FL		4. FEI Number 65-1146679	
Zip 34108 Country USA		Zip 34108 Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STROHM, PHILLIP A 2640 GOLDEN GATE PARKWAY, SUITE 301 NAPLES, FL 34105			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 5551 Ridgewood Drive Suite 401 City Naples FL Zip Code 34108		
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 			Phillip A. Strohm April 20, 2005		
(NOTE: Registered Agent signature required when reinstating)			DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	PCD STROHM, PHILLIP A 2640 GOLDEN GATE PARKWAY, SUITE 301 NAPLES, FL 34105	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5551 Ridgewood Drive, #401 Naples, FL 34108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEMKOVICH, PAUL B 2640 GOLDEN GATE PARKWAY, SUITE 301 NAPLES, FL 34105	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5551 Ridgewood Drive, #401 Naples, FL 34108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARBER, SHARYN 2640 GOLDEN GATE PARKWAY, SUITE 301 NAPLES, FL 34105	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5551 Ridgewood Drive, #401 Naples, FL 34108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Sharyn Barber			April 20, 2005 239-262-0010		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		