


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90038 012 \*\*\*150.00

<b>DOCUMENT # P01000103175</b>	
1. Entity Name BH AVIATION, INC.	

00007910



01232006 Chg-P CR2E034 (11/05)

Principal Place of Business POST OFFICE BOX 2273 ORLANDO, FL 32802	Mailing Address POST OFFICE BOX 2273 ORLANDO, FL 32802
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2. Principal Place of Business 1951 FORREST ROAD Suite, Apt. #, etc.	3. Mailing Address 1951 FORREST ROAD Suite, Apt. #, etc.
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City & State WINTER PARK, FL.	City & State WINTER PARK, FL.
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4. FEI Number 51-0368241	Applied For Not Applicable
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Zip 32789	Country USA	Zip 32789	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

HUGHES, DAVID H  
 ONE HUGHES WAY  
 ORLANDO, FL 32805-2205

Name  
HUGHES, DAVID H.  
 Street Address (P.O. Box Number is Not Acceptable)  
1951 FORREST ROAD  
 City  
WINTER PARK FL Zip Code  
32789

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  **DAVID H. HUGHES, PRESIDENT** DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	PD HUGHES, DAVID H POST OFFICE BOX 2273 ORLANDO, FL 32802 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D HUGHES, DAVID H. 1951 FORREST ROAD WINTER PARK, FL. 32789 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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:  **DAVID H. HUGHES** 407-841-4755  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #