2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P01237

1. Entity Name
AVRS INC.

Principal Place of Business	Mailing Address
% A. G. AARONSON 146 CENTRAL PARK WEST - 22E NEW YORK, NY 10023-2005 US	% A. G. AARONSON 146 CENTRAL PARK WEST - 22E NEW YORK, NY 10023-2005 US

DO NOT WRITE IN THIS SPACE

01162006 No Chg-P CR2E034 (11/05)

4. FEI Number
13-3045524
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

UNDERWOOD, HELEN
ST. JOHNS LANDING
3400 US HIGHWAY 17 NO.
GREEN COVE SPRINGS, FL 32043

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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
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

TITLE	CSD
NAME	AARONSON, ALLEN G.
STREET ADDRESS	146 CENTRAL PARK WEST22E
CITY-ST-ZIP	NEW YORK, NY 10023
TITLE	PTD
NAME	AARONSON, SCOTT T.
STREET ADDRESS	1614 RUXTON RD
CITY-ST-ZIP	TOWSON, MD 21204
TITLE	VD
NAME	AARONSON, ROBERT H
STREET ADDRESS	340 ARBOR RD.
CITY-ST-ZIP	MENLO PARK, CA 94025
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/23/06-80039-018 150.00

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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 Allen G. Aaronson 212-595-2585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #