## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 16, 2006 08:00 AM Secretary of State

VZ-12-06 PIL-634-2606

1. Entity Name	MENT # P020000178 AVIATION, INC.	357				oury or	~ • • • • • • • • • • • • • • • • • • •
Principal Place of Business  1516 SAUTERN DR  FT MYERS, FL 33919  Mailing Address  P.O.BOX 101285  CAPE CORAL, FL 33910-1285							
D	O NOT WRITE	CE	01242006 No Chg-P CR2E034 (11/05)				
6. Name and Address of Current Registered Agent GRUBER, REYNOLDS G 1516 SAUTERN DR FT MYERS, FL 33919			DO NOT WRITE IN THIS SPACE				
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  PROTE Registered Agent algorithms required when reliabiliting)  DATE							
	E NOWIII FEE IS \$150.00 by 1, 2006 Fee will be \$550.0	noing \$5	.00 May Be led to Fees				
10. TITLE HAME SIREET AGGRESS CHY-ST-ZIP	OFFICERS AND E DP GRUBER, REYNOLDS G 1516 SAUTERN DR FT MYERS, FL 33919	RECTORS			U0000 02/28/06	0437081 80028001	150.00
NAME STREET ADDRESS GITY-ST-ZEP TITLE	S GRUBER, MARJORIE M 1516 SAUTERN DR SW FORT MYERS, FL 33919	_	-				
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
title Name Street Address City-St-Zip				IN '	THIS SF	PACE	
TITLE NAME STREET ADDRESS CHY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. Thereby certify that the information supplied with this filling 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: SIGNATURE: SIGNATURE OF SIGNING OFFICER OR DIRECTOR