2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000030630

FILED Jan 07, 2006 Secretary of State

Entity Name: AEROVANE PLUS, INC. **Current Principal Place of Business: New Principal Place of Business:** 5524 INDEPENDENCE CT. PUNTA GORDA, FL 33982 **Current Mailing Address: New Mailing Address:** 5524 INDEPENDENCE CT. PUNTA GORDA, FL 33982 FEI Number: 65-1091401 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOYLE, CHARLES T ESQ. 99 NESBIT ST. PUNTA GORDA, FL 33950 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PSD () Delete Title: (X) Change () Addition

Title: REAGAN, J. PATRICK Name: Name: REAGAN, J. PATRICK 1601 PARK BEACH CIRCLE, #123 1250 W MARION AVE #234 Address: Address: City-St-Zip: PUNTA GORDA, FL 33950 City-St-Zip: PUNTA GORDA, FL 33950

Title: VTD () Delete Title: () Change () Addition

Name: DAVIDSON, DENIS Name: 8267 PARKSTONE PLACE, #301 Address: Address: NAPLES, FL 34120 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JPREAGAN **PRES** 01/07/2006