


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P03000082522	
1. Entity Name AVIATIKA, INC.	

Principal Place of Business 685 ROYAL PALM BEACH BOULEVARD SUITE 205 ROYAL PALM BEACH, FL 33411 US	Mailing Address 685 ROYAL PALM BEACH BOULEVARD SUITE 205 ROYAL PALM BEACH, FL 33411 US
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**DO NOT WRITE IN THIS SPACE**



04142008 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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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  MORRIS, ROBERT R 685 ROYAL PALM BEACH BOULEVARD SUITE 205 ROYAL PALM BEACH, FL 33411
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000904536 05/01/08-80016-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MORRIS, ROBERT R 685 ROYAL PALM BEACH BOULEVARD, #205 ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MORRIS, SCHERRY L 685 ROYAL PALM BEACH BOULEVARD, #205 ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MORRIS, ROBERT R 685 ROYAL PALM BEACH BOULEVARD, #205 ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MORRIS, ROBERT R 685 ROYAL PALM BEACH BOULEVARD, SUITE 205 ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORRIS, ROBERT R 685 ROYAL PALM BEACH BOULEVARD, SUITE 205 ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORRIS, SCHERRY L 685 ROYAL PALM BEACH BOULEVARD, SUITE 205 ROYAL PALM BEACH, FL 33411

**DO NOT WRITE IN THIS SPACE**

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: Robert R. Morris, Pres 4/14/08 561793 1200  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 ROBERT R. MORRIS  
 Date Daytime Phone #