

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000082522

Entity Name: AVIATIKA, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

685 ROYAL PALM BEACH BOULEVARD
SUITE 205
ROYAL PALM BEACH, FL 33411 US

New Principal Place of Business:

Current Mailing Address:

685 ROYAL PALM BEACH BOULEVARD
SUITE 205
ROYAL PALM BEACH, FL 33411 US

New Mailing Address:

685 ROYAL PALM BEACH BLVD
205
ROYAL PALM BEACH, FL 33411 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, ROBERT R
685 ROYAL PALM BEACH BOULEVARD
SUITE 205
ROYAL PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: MORRIS, ROBERT R
Address: 685 ROYAL PALM BEACH BOULEVARD, #205
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: VP () Delete
Name: MORRIS, SCHERRY L
Address: 685 ROYAL PALM BEACH BOULEVARD, #205
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: S () Delete
Name: MORRIS, ROBERT R
Address: 685 ROYAL PALM BEACH BOULEVARD, #205
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: T () Delete
Name: MORRIS, ROBERT R
Address: 685 ROYAL PALM BEACH BOULEVARD, SUITE 205
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: D () Delete
Name: MORRIS, ROBERT R
Address: 685 ROYAL PALM BEACH BOULEVARD, SUITE 205
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: D () Delete
Name: MORRIS, SCHERRY L
Address: 685 ROYAL PALM BEACH BOULEVARD, SUITE 205
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT R MORRIS

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date