## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 04, 2005 8:00 am Secretary of State

DOCUMENT # P04000010422  1. Enlity Name AVTEC CONSULTING SERVICES INC.						05-04-2005	90117 025 ***1	50.00
Principal Plac	ce of Business	Mailing Address			1			
1700 LATHAM ROAD 1700 LATHAM RO								
SUITE 2 SUITE 2 SUITE 2 WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL 334			33400					
WESTTALM		WEST I ALM DEADIT, I'E	33403			JAN 11811 PRIN PRIN FRIM	. <b> </b>	
2. Principal Place of Business 1759 North Floudy Myrgo Ld  Suite, Apt. #, etc.  3. Mailing Address Suite, Apt. #, etc.								
Suite, Apt.		Suite, Apt. #, etc.		01172005	Chg-P	CR2E034 (10/03)		
City & Stat	te	City & State			4. FEI Numbe	······································	. IA	oplied For
	Palm Bendi FL			20-0	1614272	Ne	ot Applicable	
2ip 334		Zip	Count	ry	<u> </u>	of Status Desired	S8.75 Add Fee Require	
6. Name and Address of Current Registered Agent				Name	7. Name and	Address of New Re	egistered Agent	<del></del>
LILLEY, GRANT A					ley GA	ant A.		
1700 LATHAM ROAD SUITE 2			Street Address (P.O. Box Number is Not Acceptable) 1759 N. Flouds Mango 2d					
WEST PAI	LM BEACH, FL 33409			Suite	#10	v		
					Palm Beach FL Zip Co			3407
8. The above	named entity submits this statement for tions of registered agent.	the purpose of changing its	registere	d office or registe	red agent, or bot	h, in the State of Flor	rida. I am familiar with,	and accept
SIGNATURE Signature, Nped or printed hange of registared agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
	E NOW!!! FEE IS \$150.00	9. Election Campaig	gn Financ		.00 May Be			
Arter M	ay 1, 2005 Fee will be \$550.0			☐ Add	ded to Fees			
10.	ay 1, 2005 Fee will be \$550.0 OFFICERS AND D	Trust Fund Contri		∐ Add	ded to Fees	CHANGES TO OFFIC	CERS AND DIRECTOR	S IN 11
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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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR