2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000072854

City-St-Zip:

ORANGE PARK, FL 32003 US

Entity Name: FIXER FLYER AVIATION, INC.

FILED Apr 27, 2006 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | | |
|---|---|--|---|-----------------------------------|---|
| | WAY VILLAG PARK, FL 32 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | WAY VILLAG PARK, FL 32 | | | | |
| FEI Number: 20-1103318 FEI Number Applied For () | | FEI Number Not Applicable () | | Certificate of Status Desired () | |
| Name and | Address of | Current Registered Agent: | Name and | Address o | of New Registered Agent: |
| 1316 FAIR | S, KIMBERLY WAY VILLAG PARK, FL 32 | E DRIVE | | | |
| | named entity e of Florida. | submits this statement for the | purpose of changing i | ts registere | d office or registered agent, or both, |
| SIGNATUR | RE: | | | | |
| | Electro | nic Signature of Registered Ag | ent | | Date |
| Election Car | npaign Financir | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR | | |
| Title: Name: Address: City-St-Zip: | EDWARDS, R 1316 FAIRWA |) Delete ODNEY L Y VILLAGE DRIVE K, FL 32003 US | Title: Name: Address: City-St-Zip: | | () Change () Addition |
| Title: Name: Address: City-St-Zip: | VP (WITTHAUS, D 912 VAN AVEN DAPHNE, AL | IUE #1612 | Title: Name: Address: City-St-Zip: | | (X) Change () Addition DESTRY C 11TH STREET E PINES, FL 33027 US |
| Title: Name: Address: City-St-Zip: | SEC (WITTHAUS, AI 912 VAN AVEN DAPHNE, AL | IUE #1612 | Title: Name: Address: City-St-Zip: | | (X) Change () Addition ALICIA S 11TH STREET E PINES, FL 33027 US |
| Title: Name: Address: | EDWARDS, K |) Delete MBERLY L Y VILLAGE DRIVE | Title: Name: Address: | | () Change () Addition |

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.

City-St-Zip:

SIGNATURE: KIMBERLY L. EDWARDS TREA 04/27/2006