


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 A
Secretary of State

DOCUMENT # P04000088456 1. Entity Name REYNOLDS AVIATION, INCORPORATED	
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Principal Place of Business 1900 NW 32 STREET POMPANO BEACH, FL 33064	Mailing Address 1900 NW 32 STREET POMPANO BEACH, FL 33064
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DO NOT WRITE IN THIS SPACE



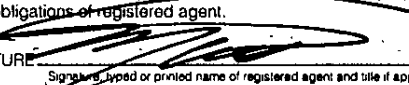
03122007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1222236	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 REYNOLDS, MATTHEW P 2797 NE 26 AVE POMPANO BEACH, FL 33062
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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  MATTHEW P. Reynolds <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE 04.16.07

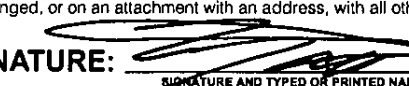
**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P REYNOLDS, MATTHEW P 2797 NE 26 AVE POMPANO BEACH, FL 33062
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04/28/07-80003-003 150.00

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:  MATTHEW P. Reynolds <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 04/16/07 (954) 942-9444 <small>Daytime Phone #</small>