2006 FOR PROFIT CORPORATION

changed, or on an attachmen

SIGNATURE

Apr 14, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P04000158633** 04-14-2006 90138 018 ***150.00 1. Entity Name ROHAN AVIATION, INC. 40048559 Principal Place of Business Mailing Address 2633 LANTANA ROAD 2633 LANTANA ROAD 18 LANTANA, FL 33462 LANTANA, FL 33462 US 2. Principal Place of Business 3. Mailing Address Suite. Apt. # etc. Suite, Apt. #, etc. 03312006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-1909297 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOHAN, AKSHAY MOHAN, AKSHAY Street Address (P.O. Box Number is Not Acceptable) 200 VIA LUGANO CIRCLE 2633 hortona 307 BOYNTON BEACH, FL 33436 Zip Code 33463 hantons 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. \Box Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition MOHAN, AKSHAY MOHAN, AKSHAY NAME NAME 2633 Lantona Rd, Suite # 18 STREET ADDRESS 200 VIA LUGANO CIRCLE APT 307 STREET ADDRESS BOYNTON BEACH, FL 33436 CITY-ST-ZIP CITY-ST-ZIP antona, Fh - 33462 VΡ TITLE ☐ Delete TITLE Addition Change ROZELLE, JEFFFRFY NAME NAME 4820 GATEWAY GARDENS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33436 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information ate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with this fill indicated on this report or supplemental tecort is true, of the corporation or the receiver or trustee empowered.

empowered

VICE PRESIDENT

JUL 964 3837

FILED