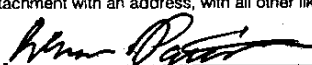


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90435 030 ***150.00

DOCUMENT # P05000031843 1. Entity Name AVIGATION NETWORKS, INC.					
Principal Place of Business 550 W. PERRY ST. ENGLEWOOD, FL 34223 US			Mailing Address PO BOX 1744 ENGLEWOOD, FL 34295 US		
2. Principal Place of Business		3. Mailing Address 550 W. Perry St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Englewood, FL		4. FEI Number 20-2429860	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 34223		Country US		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent PARTAIN, SHANE L 550 W. PERRY ST. ENGLEWOOD, FL 34223			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDTS PARTAIN, SHANE L 550 W. PERRY ST. ENGLEWOOD, FL 34223		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
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:  Shane Partain SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 04/26/06 (941) 408-4749 Date Daytime Phone #					