


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90159 023 \*\*\*150.00

**DOCUMENT # P05000125293**

1. Entity Name  
 UAV SERVICE, INC.



Principal Place of Business  
 17101 N.E. 19TH AVENUE STE 205  
 NORTH MIAMI BEACH, FL 33162

Mailing Address  
 17101 N.E. 19TH AVENUE STE 205  
 NORTH MIAMI BEACH, FL 33162

66010913



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01182006 Chg-P CR2E034 (11/05)

8. Name and Address of Current Registered Agent  
 SERNS, DAVID R ESQ  
 17101 N.E. 19TH AVENUE STE 205  
 NORTH MIAMI BEACH, FL 33162

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 entry 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.

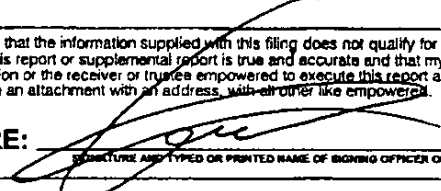
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**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	D SERNS, DAVID R 17101 N.E. 19TH AVENUE STE 205 NORTH MIAMI BEACH, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gil Neuman 14600 Biscayne Boulevard North Miami Beach, FL 33181 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowerments.

SIGNATURE:  DATE: 3/30/06 DAYTIME PHONE #: 305-919-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT  
DAVID R. SERNS  
ATTORNEY AT LAW  
SUITE 205  
17101 N.E. 19<sup>TH</sup> AVENUE  
NORTH MIAMI BEACH, FLORIDA 33162

66010913

TELEPHONE (305) 947-3538

FAX NO. (305) 947-5285

April 17, 2006

Division of Corporation  
P.O. Box 6327  
Tallahassee, Fl 32314

Re: UAV Service, Inc.  
Reference Number P05000125293

Dear Sir:

Enclosed please find copy of 2006 Annual Report, together with a copy of your letter of April 7, 2006, requesting a FEI number, which I have provided.

Thank you for your cooperation.

Very truly yours,



David R. Serns  
DRS:sd

Enc.