


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000144965</b>		
1. Entity Name NATIONAL AVIATION, INC.		
Principal Place of Business 14402 AIRPORT PARKWAY CLEARWATER, FL 33762 US	Mailing Address 14402 AIRPORT PARKWAY CLEARWATER, FL 33762 US	



04182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-3762001	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CLARK, RAY M JR 14402 AIRPORT PARKWAY CLEARWATER, FL 33762	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

000000344855  
05/29/08-80117-007 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAGLIANO, PAUL 12155 6TH ST. EAST TREASURE IS., FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARNETT, THOMAS 11223 WHEELING DR TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES CLARK, RAY M JR. 107 7TH ST. BELLEAIR BEACH, FL 33786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC DURAVA, DENNIS A 1815 STETSON DR. CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  **PAUL GAGLIANO** 4/23/08 530-1415  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #