


FILED
May 03, 2007 8:00 am
Secretary of State

04-18-2007 90178 029 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P06000050374 1. Entity Name SKYWARD AVIATION, INC.		
Principal Place of Business 581 SW LAKE CHARLES CIRCLE PORT ST. LUCIE, FL 34986 US		Mailing Address 581 SW LAKE CHARLES CIRCLE PORT ST. LUCIE, FL 34986 US
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
4. FEI Number 20-4668322		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PRESIDENTIAL SERVICES INCORPORATED 1217 CAPE CORAL PARKWAY #300 CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name Fred C Stuart Street Address (P.O. Box Number is Not Acceptable) 581 SW Lake Charles Circle City Port St. Lucie FL Zip Code 34986
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 <i>Fred C Stuart</i> DATE 4-7-2007		
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
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE MGR	<input type="checkbox"/> Delete STUART, FRED C	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STUART, FRED C	581 SW LAKE CHARLES CIRCLE PORT ST. LUCIE, FL 34986	TITLE NAME STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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 or other like empowerment.		
SIGNATURE: <i>Fred C Stuart</i>		Date 4-7-2007
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>