


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P15121 1. Entity Name M. G. AVIATION, INC. |  |
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| Principal Place of Business RT. 168 ASHLAND, KY 41105-0767 | Mailing Address PO BOX 767 ASHLAND, FL 41105 |
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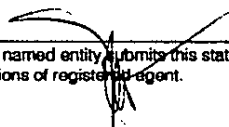


03212008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 61-0941457 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent GRIFFITHS, MORRIS L. 6995 NOVA ROAD ST. CLOUD, FL |
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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 reappointing) Signature, typed or printed name of registered agent and title if applicable. DATE |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000988689 04/09/08 80018-021 150.75 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GRIFFITHS, MORRIS L 1931 GREEN SPRINGER RD ASHLAND, KY |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT HALL, ELIZABETH 1915 WILSHIRE BLVD. ASHLAND, KY |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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 empowered. |
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| SIGNATURE:  Morris L. Griffiths SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | 3/21/08 606-739-5139 Date Daytime Phone # |
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