2005-FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 30, 2005 08:00 AM Secretary of State DOCUMENT # P93000039794 1. Entity Name KING AVIATION, INC. Principal Flace of Business Mailing Address 3158 24TH AVE. NORTH 3158 24TH AVE. NORTH ST. PFTFRSBURG, FL 33713 ST. PETERSBURG, FL 33713 2. Frincipal Place of Business 3. Mailing Address ude. Apt. #. etc Suite, Apt. #, etc 03302005 Chg-P CR2E034 (10/03) Applied For file & State City & State 4 FEL Number 59-3186131 Not Applicable Country Country 110 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo KING, MERRIL C Street Address (P.O. Box Number is Not Acceptable) 3158 24TH AVE N ST. PETERSBURG, FL 33713 Cily 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. GIGNATURE. structure, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. Delete TITLE ☐ Change ☐ Addilion 100 NAM KING, MERRILL C II NAMI 3158 24TH AVE, NORTH STREET ADDRESS 2:000 FADDB1:5 CITY-ST-ZIP CBY SLOR ST PETERSBURG, FL 33713 VSD ☐ Delete HITLE ☐ Change ☐ Addition 001 unn000349074 HALR KING, KAREN G NAME 05/02/05-80051-007 150.00 3158 24TH AVE, NORTH STREEL ADDRESS SUBCLEADURS - (f): 51 7ff ST, PETERSBURG, FL 33713 CITY-ST ZIP ☐ Change ☐ Addition Defete THE ипп NAME NaM STREET ADDRESS raid of ambress 3/11Y ST 790 CITY-ST-ZIP Delete ☐ Change Addition 1003 MAMI NAME STREET ADDRESS SUBTRIBUTES CITY SE ZIP COY SEZIP Delete TITLE ☐ Change ☐ Addition 11111 NAME NEED STREET ADDRESS STRUCT ADDRESS CHY-SI-ZIP GRY SEZIP ☐ Change Addition ☐ Delete HILL 1001 NAME NAMI STREET ADDRESS TELL ADDRESS CITY-ST ZIP THY ST ME 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction [19 07(3)(i), 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 eath, 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.

FILED