

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000059385

FILED
Apr 02, 2006
Secretary of State

Entity Name: ORACLE AVIATION CORPORATION

Current Principal Place of Business:

1589 PARK AVE.
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

996 OCEAN BLUFF DRIVE
FERNANDINA BEACH, FL 32034

Current Mailing Address:

1589 PARK AVE.
FERNANDINA BEACH, FL 32034

New Mailing Address:

996 OCEAN BLUFF DRIVE
FERNANDINA BEACH, FL 32034

FEI Number: 59-3267080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANOLD, TINA P
1589 PARK AVE.
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

HANOLD, TINA P
996 OCEAN BLUFF DRIVE
FERNANDINA BEACH, FL 32034 US

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.

SIGNATURE:

04/02/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HANOLD, R C FREDERI
Address: 1589 PARK AVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: PVST () Delete
Name: HANOLD, TINA P
Address: 1589 PARK AVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: DC () Delete
Name: HANOLD, TINA P
Address: 1589 PARK AVE
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HANOLD, R C FREDERI
Address: 996 OCEAN BLUFF DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: PVST (X) Change () Addition
Name: HANOLD, TINA P
Address: 996 OCEAN BLUFF DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: DC (X) Change () Addition
Name: HANOLD, TINA P
Address: 996 OCEAN BLUFF DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TINA P HANOLD

PVST

04/02/2006

Electronic Signature of Signing Officer or Director

Date