

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P94000069752

1. Entity Name  
ADVANCED AVIATION SERVICES INTERNATIONAL, INC.



Principal Place of Business  
8241 SHARKHEAD CIRCLE  
PENSACOLA, FL 32514

Mailing Address  
8241 SHARKHEAD CIRCLE  
PENSACOLA, FL 32514

**DO NOT WRITE IN THIS SPACE**

**FILED  
Jan 19, 2006 8:00 am  
Secretary of State**

01-19-2006 90073 032 \*\*\*150.00



01142006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3352964	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ROHDE, KENNETH R  
8241 SHARKHEAD CIRCLE  
PENSACOLA, FL 32514

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE: D President  
NAME: ROHDE, KENNETH R  
STREET ADDRESS: 8241 SHARKHEAD CIRCLE  
CITY-ST-ZIP: PENSACOLA, FL 32514

TITLE: Vice President  
NAME: ROBIN C. ROHDE  
STREET ADDRESS: 8241 SHARKHEAD CIRCLE  
CITY-ST-ZIP: PENSACOLA, FL 32514

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

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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: *Kenneth P. Rohde*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*January 19, 2006*  
Date Daytime Phone #