2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000086801

Entity Name: CB AVIATION, INC.

Address:

City-St-Zip:

2760 NW 26TH PLACE

GAINESVILLE, FL 32605 US

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2760 NW 26TH PLACE GAINESVILLE, FL 32605 US **Current Mailing Address: New Mailing Address:** 2760 NW 26TH PLACE GAINESVILLE, FL 32605 US FEI Number: 59-3279633 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOMBERGER, CAROLYN L 2760 NW 26TH PLACE GAINESVILLE, FL 32605 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition BOMBERGER, CAROLYN L Name: Name: 2760 NW 26TH PLACE Address: Address: City-St-Zip: GAINESVILLE, FL 32605 US City-St-Zip: () Delete Title: VP/D Title: VP/D (X) Change () Addition Name: BOMBERGER, MATTHEW A Name: BOMBERGER, MATTHEW A 8012 120TH PLACE, SE 459 109TH AVENUE SE Address: Address: NEWCASTLE, WA 98056 US BELLEVUE, WA 98004 US City-St-Zip: City-St-Zip: () Delete Title: (X) Change () Addition S/D Title: S/D BOMBERGER, RACHEL A BOMBERGER, RACHEL A Name: Name: 501 KNIGHTS RUN AVENUE, APT. 2211 19204 MEADOW PINE DRIVE Address: Address: City-St-Zip: TAMPA, FL 33602 US City-St-Zip: TAMPA, FL 33647 US Title: T/D () Delete Title: () Change () Addition BOMBERGER, CAROLYN L Name: Name:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: CAROLYN BOMBERGER PRES 04/20/2009