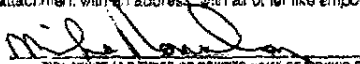


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------|
| DOCUMENT # P95000022971                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                   |
| 1. Entity Name<br>NAVA 1 CUSTOM CUTTING INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                                                                                                    |
| Principal Place of Business<br>5176 ARBOR GLEN CIR<br>LAKE WORTH, FL 33463                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      | Mailing Address<br>5176 ARBOR GLEN CIR<br>LAKE WORTH, FL 33463                                                     |
| DO NOT WRITE IN THIS SPACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      | 04252006 No Chg-P CR2E034 (11/05)                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      | 4. FEI Number<br>65-0566458                                                                                        |
| 6. Name and Address of Current Registered Agent<br>NAVALANY, MICHAEL<br>5176 ARBOR GLEN CIR<br>LAKE WORTH, FL 33463                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      | DO NOT WRITE IN THIS SPACE                                                                                         |
| 5. 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when certifying)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                                                                                    |
| FILE NOW!! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      | DO NOT WRITE IN THIS SPACE                                                                                         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | P                    |                                                                                                                    |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NAVALANY, MICHAEL    |                                                                                                                    |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 5176 ARBOR GLEN CIR  |                                                                                                                    |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | LAKE WORTH, FL 33463 |                                                                                                                    |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                                                                                                                    |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      | DO NOT WRITE IN THIS SPACE                                                                                         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                                                                    |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                                                                                                    |
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| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                                                                    |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      | DO NOT WRITE IN THIS SPACE                                                                                         |
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| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                                                                                                                    |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                                                                    |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                                                                                                    |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                                                                                                                    |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      | DO NOT WRITE IN THIS SPACE                                                                                         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                                                                    |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                                                                                                    |
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| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                                                                    |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      | DO NOT WRITE IN THIS SPACE                                                                                         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                                                                                                                    |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                                                                                                                    |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                                                                    |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                                                                                                    |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                                                                                                                    |
| 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, trustee empowered to execute this report as required by Chapter 807, 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      | 4-25-06 (561) 947-9075                                                                                             |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                                                                                                    |

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