2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 17, 2006 08:00 AM Secretary of State DOCUMENT # P96000092323 1. Entity Name MARCH AVIATION, INC. Mailing Address Principal Place of Business 3763 ENTERPRISE AVE 3763 ENTERPRISE AVE NAPLES, FL 34104 NAPLES, FL 34104 01092006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3417530 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARCH, THOMAS A DO NOT WRITE 3763 ENTERPRISE AVE NAPLES, FL 34104 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. U00000387879 SIGNATURE 01/19/08-8005@#021-150:00-Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FiLE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PSTD TITLE MARCH, THOMAS A NAME 3763 ENTERPRISE AVE STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34104 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

SIGNALISE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR THOMAS A MARCH

TITLE MAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

239-435-3940 Daytime Phone #

FILED