2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000059923

FILED Jan 23, 2007 Secretary of State

Entity Name: THE AVIATOR, INC. **Current Principal Place of Business: New Principal Place of Business:** 200 AVIATION DRIVE NORTH SUITE 5 NAPLES, FL 34104 **New Mailing Address: Current Mailing Address:** 200 AVIATION DRIVE NORTH SUITE 5 NAPLES, FL 34104 FEI Number: 65-0930671 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: SMITH, H J OWNER SMITH, H J OWNER 4310 7TH AVE. S.W. 200 AVIATION DR. NORTH NAPLES, FL 34119 US SUITE 5 NAPLES, FL 34104 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: H. J. SMITH 01/23/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SMITH, H J OWNER Name: Name: 200 AVIATION DR N STE #5 Address: Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip: Title: SD Title: () Change () Addition () Delete Name: SMITH, BETTY E Name: 200 AVIATION DR N STE #5 Address: Address: NAPLES, FL 34104 City-St-Zip: City-St-Zip:

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: H. J. SMITH **PRES** 01/23/2007