

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000104209

Entity Name: AVION HOLDINGS, INC.

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

2099 PINE RIDGE RD
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

2099 PINE RIDGE RD
NAPLES, FL 34103

New Mailing Address:

FEI Number: 59-3616519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEIGH, DAVID E
5150 TAMIAMI TRAIL NORTH
#501
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: JAROGZ, EDWARD
Address: 148 CYPRESS WAY E #101
City-St-Zip: NAPLES, FL 34110

Title: TS () Delete
Name: LEAR, BEATA
Address: 4791 11TH AVE SW
City-St-Zip: NAPLES, FL 34116

Title: VP () Delete
Name: LEAR, JON W
Address: 4791 11TH AVE SW
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: JAROGZ, EDWARD
Address: 148 CYPRESS WAY E #101
City-St-Zip: NAPLES, FL 34110

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: LEAR, JON W
Address: 4791 11TH AVE SW
City-St-Zip: NAPLES, FL 34116

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JON W. LEAR

P

04/27/2005

Electronic Signature of Signing Officer or Director

_____ Date