


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2006 8:00 am
Secretary of State

08-31-2006 90001 007 ***550.00

DOCUMENT # F99000003059

1. Entity Name
AVEVA INC.



Principal Place of Business Mailing Address

10370 RICHMOND AVE., #400 **10370 RICHMOND AVE., #400**
HOUSTON, TX 77042 **HOUSTON, TX 77042**

2. Principal Place of Business 3. Mailing Address

10370 Richmond #400 **10370 Richmond #400**

Suite, Apt. #, etc. Suite, Apt. #, etc.

Houston Tx **Houston Tx**

City & State City & State

77042 USA **77042 USA**

Zip Country Zip Country



07192006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For

06-1136974 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, KATHLEEN H	NAME	
STREET ADDRESS	10700 RICHMOND AVE., SUITE 300	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON, TX 77042	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONGDON, RICHARD	NAME	
STREET ADDRESS	800 DELAWARE AVENUE, SUITE 610	STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON, DE 19801	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Matthew McKinlay	NAME	
STREET ADDRESS	10370 Richmond Ave #400	STREET ADDRESS	
CITY-ST-ZIP	Houston Tx 77042	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patrick Edahl	NAME	
STREET ADDRESS	10370 Richmond Ave #400	STREET ADDRESS	
CITY-ST-ZIP	Houston Tx 77042	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 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.

SIGNATURE: Patrick Edahl **PATRICK ED AHL** 8/25/06 832 204 5563

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #