


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F02000000624</b> 1. Entity Name <b>AESSEAL, INC.</b>	
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Principal Place of Business <b>10231 COGDILL RD, STE 105 KNOXVILLE, TN 37932</b>	Mailing Address <b>10231 COGDILL RD, STE 105 KNOXVILLE, TN 37932</b>
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**DO NOT WRITE IN THIS SPACE**



03112004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>62-1869904</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>YEO, SCOTT 937 SYMPHONY ISLE BLVD APOLLO BEACH, FL 33572</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 M. Scott Yeo M. SCOTT YEO 4/29/04  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD GROVE, TOM 10231 COGDILL RD STE 105 KNOXVILLE, TN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GREATTI, RICH 10231 COGDILL RD STE 105 KNOXVILLE, TN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD REA, CHRIS 10231 COGDILL RD STE 105 KNOXVILLE, TN
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Thomas R. Dean PRESIDENT 4/30/04 865-531-0192  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #