

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004817

FILED
Apr 21, 2005
Secretary of State

Entity Name: AE SOLUTIONS, INC.

Current Principal Place of Business:

1200 WOODRUFF ROAD, SUITE A-21
GREENVILLE, SC 29607

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 26566
GREENVILLE, SC 29607

New Mailing Address:

FEI Number: 57-1069096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MERRIMAN, BRIAN E PE
Address: P.O. BOX 26566
City-St-Zip: GREENVILLE, SC 29616

Title: V () Delete
Name: SCOTT, MICHAEL D PE
Address: P.O. BOX 26566
City-St-Zip: GREENVILLE, SC 29616

Title: VS () Delete
Name: O'MALLEY, KENNETH J PE
Address: P.O. BOX 26566
City-St-Zip: GREENVILLE, SC 29616

Title: VP (X) Delete
Name: PATEL, KAJ
Address: P.O. BOX 26566
City-St-Zip: GREENVILLE, SC 29616

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: TRACY WATSON

OA

04/21/2005

Electronic Signature of Signing Officer or Director

_____ Date