

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUL -9 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000040756**
1. Entity Name
AERONIX, INC

DO NOT WRITE IN THIS SPACE

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-07/16/02--01041--016
*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1666 W. 75th AVE.
Suite, Apt. #, etc.
2nd Flr.

3. Mailing Address
4450 TABLE MESA DRIVE
Suite, Apt. #, etc.

City & State
VANCOUVER, B.C.

City & State
BOULDER, CO.

4. FEI Number
65-0664961

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
WORLD WIDE CORPORATE SERVICES INC

Street Address (P.O. Box Number is Not Acceptable)
1 FINANCIAL PLAZA #2626

City
FT. LAUDERDALE FL Zip Code
33394

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

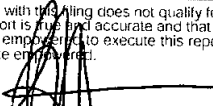
January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$81.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DRUMMOND, PETER 28A AWATEA ROAD PARNELL, AUCKLAND, NEW ZEALAND
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAUFF, BRIAN 1092 W. 47 AVE. VANCOUVER, B.C., CANADA V6M 2L4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D S T BARNETT, PETER 6842 ADERA ST. VANCOUVER, B.C., CANADA V6P 5C3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DINOL, HENRI 104 CHEMIN JUNIPER CHELSEA, Q.C., CANADA J9B 1T3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like employees.

SIGNATURE:  **BRIAN HAUFF, PRESIDENT**

Date
JUNE 27/02 604-714-1606

Daytime Phone #

CR2E034B (12/01)