


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90023 043 \*\*\*150.00

DOCUMENT # P99000008141  
 1. Entity Name  
**AERODYNE CORPORATION**



Principal Place of Business Mailing Address  
~~3064 AIRMANS DR.~~ ~~3064 AIRMANS DR.~~  
~~FT. PIERCE, FL 34946~~ ~~FT. PIERCE, FL 34946~~

40114140

2. Principal Place of Business - No P.O. Box #  
**2383 SE DIXIE HWY**  
 Suite, Apt. #, etc.

3. Mailing Address  
**SAME AS LOCATION**  
 Suite, Apt. #, etc.

City & State  
**STUART**

City & State  
 City & State

Zip  
**FL 34996** Country  
**MARTIN**



4. FEI Number: **65-0896209** Applied For:  Not Applicable:

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

6. Name and Address of Current Registered Agent  
**SMILEY, BENJAMIN P**  
**3064 AIRMANS DRIVE**  
**FT. PIERCE, FL 34946**

7. Name and Address of New Registered Agent  
 Name: **SMILEY BENJAMIN P**  
 Street Address (P.O. Box Number is Not Acceptable): **2383 SE DIXIE HWY**  
 City: **STUART** FL Zip Code: **34996**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY-ST-ZIP	PRES SMILEY, BENJAMIN P 3064 AIRMANS DRIVE FORT PIERCE, FL 34946 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2383 SE DIXIE HWY</b> <b>STUART, FL 34996</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Benjamin P. Smiley* **4-25-07** **77-286-669**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #