

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000157545

Entity Name: PRO AERIAL PHOTOS, INC.

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

7539 CLARKE ROAD  
WEST PALM BEACH, FL 33406

**New Principal Place of Business:**

**Current Mailing Address:**

95 FIESTA WAY  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

FEI Number: 20-8136597

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARBIER, MICHELLE L  
7539 CLARKE ROAD  
WEST PALM BEACH, FL 33406 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: DPVP  
Name: BARBIER, MICHELLE L  
Address: 7539 CLARKE ROAD  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: ST  
Name: BARBIER, MICHELLE L  
Address: 7539 CLARKE ROAD  
City-St-Zip: WEST PALM BEACH, FL 33406

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE BARBIER

PRES

01/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date