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.

DPVP

SIGNATURE: MICHELLE BARBIER

Electronic Signature of Signing Officer/Director Detail

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000157545

Entity Name: PRO AERIAL PHOTOS, INC.

Current Principal Place of Business:

7539 CLARKE ROAD WEST PALM BEACH, FL 33406

Current Mailing Address:

95 FIESTA WAY FORT LAUDERDALE, FL 33301

FEI Number: 20-8136597

Officer/Director Detail :

Name and Address of Current Registered Agent:

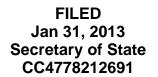
Electronic Signature of Registered Agent

BARBIER, MICHELLE L 7539 CLARKE ROAD WEST PALM BEACH, FL 33406 US

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:

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



Date

Certificate of Status Desired: No

01/31/2013 Date