2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2006
Secretary of State

DOCUMENT# 823334

Entity Name: AEROSONIC CORPORATION

Current Principal Place of Business:

1212 N. HERCULES AVENUE
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

1212 N. HERCULES AVENUE
CLEARWATER, FL 33765 US

New Mailing Address:

FEI Number: 74-1668471 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PERKINS, P. MARK
Address: 943 WOODLAND DRIVE
City-St-Zip: PALM HARBOR, FL 34683

Title: D ( ) Delete
Name: PARKER, WILLIAM C.,
Address: 2546 KNOTTY PINE WAY
City-St-Zip: CLEARWATER, FL 33761

Title: D ( ) Delete
Name: VOSEN, DAVID
Address: 1212 N HERCULES AVENUE
City-St-Zip: CLEARWATER, FL 33765

Title: MD ( ) Delete
Name: COLBERT, GARY
Address: 8323 EAGLE CROSSING
City-St-Zip: SARASOTA, FL 34241

Title: PD ( ) Delete
Name: DAVID BALDINI,
Address: ROUTE 743
City-St-Zip: EARLYSVILLE, VA

Title: D ( ) Delete
Name: MCGILL, ROBERT
Address: 440 CULLINGWORTH DRIVE
City-St-Zip: ALPHARETTA, GA 30022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: WHYTAS, THOMAS
Address: 3914 APPLE TREE DRIVE
City-St-Zip: VALRICO, FL 33594

Title: D (X) Change ( ) Addition
Name: RUSSELL, DONALD
Address: 206 BLANCA AVENUE
City-St-Zip: TAMPA, FL 33606

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 Chapter 119, 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: GARY E. COLBERT MD 05/25/2006

Electronic Signature of Signing Officer or Director Date