## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#823334** 

Entity Name: AEROSONIC CORPORATION

FILED Apr 10, 2007 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
1212 N. HERCULES AVENUE CLEARWATER, FL 33765 US					
Current Mailing Address:			New Maili	ng Address:	
1212 N. HERCULES AVENUE CLEARWATER, FL 33765 US					
FEI Number: 74-1668471 FEI Number Applied For ( ) FEI Num			umber Not Appl	licable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:					
	Electronic	Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () E PERKINS, P. MAI 943 WOODLAND PALM HARBOR,	DRIVE	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition PERKINS, MARK P 622 BERRYWOOD WAY PALM HARBOR, FL 34683	
Title: Name: Address: City-St-Zip:	D () E WHYTAS, THOM 3914 APPLE TRE VALRICO, FL 33	E DRIVE	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition WHYTAS, THOMAS 3914 APPLETREE DRIVE VALRICO, FL 33594	
Title: Name: Address: City-St-Zip:	D () E RUSSELL, DONA 206 BLANCA AVE TAMPA, FL 3360	ENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MD () E COLBERT, GARY 8323 EAGLE CRO SARASOTA, FL	DSSING	Title: Name: Address: City-St-Zip:	STD (X) Change ( ) Addition COLBERT, GARY E 8323 EAGLE CROSSING SARASOTA, FL 34241	
Title: Name: Address: City-St-Zip:	PD () E DAVID BALDINI, ROUTE 743 EARLYSVILLE, V	Delete A	Title: Name: Address: City-St-Zip:	PD (X) Change ( ) Addition BALDINI, DAVID 595 GLENGARRY COURT EARLYSVILLE, VA 22936	
Title: Name: Address: City-St-Zip:	D () E MCGILL, ROBER 440 CULLINGWO ALPHARETTA, GA	RTH DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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 STD 04/10/2007