2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# F02000000624

Entity Name: AESSEAL, INC.

Current Principal Place of Business:

10231 COGDILL RD, STE 105
KNOXVILLE, TN 37932

New Principal Place of Business:

355 DUNAVANT DRIVE
ROCKFORD, TN 37853

Current Mailing Address:

10231 COGDILL RD, STE 105
KNOXVILLE, TN 37932

New Mailing Address:

355 DUNAVANT DRIVE
ROCKFORD, TN 37853

FEI Number: 62-1869904 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALKER, REGGIE
4230 THOMASWOOD LANE
WINTER HAVEN, FL 33880 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: PSTD ( ) Delete
Name: GROVE, TOM
Address: 10231 COGDILL RD STE 105
City-St-Zip: KNOXVILLE, TN

Title: D ( ) Delete
Name: HAMILTON, JEFFREY
Address: 5920 DRY CREEK LANE NE
City-St-Zip: CEDAR RAPIDS, IA 52402

Title: CD ( ) Delete
Name: REA, CHRIS
Address: 10231 COGDILL RD STE 105
City-St-Zip: KNOXVILLE, TN

Title: V (X) Delete
Name: GIRO, GEORGE
Address: 10231 COGDILL RD STE 105
City-St-Zip: KNOXVILLE, TN 37932

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: GROVE, TOM
Address: 355 DUNAVANT DRIVE
City-St-Zip: ROCKFORD, TN 37853

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

Title: CD (X) Change ( ) Addition
Name: REA, CHRIS
Address: 355 DUNAVANT DRIVE
City-St-Zip: ROCKFORD, TN 37853

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

I hereby certify that the information supplied with this filing does not qualify 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: TOM GROVE PSTD 03/23/2009
Electronic Signature of Signing Officer or Director Date