2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# F04000000447

Entity Name: AERONET WORLDWIDE, INC.

Current Principal Place of Business:

42 CORPORATE PARK
SUITE 150
IRVINE, CA 92606

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 17239
IRVINE, CA 92623

New Mailing Address:

FEI Number: 94-2821197 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEDEIROS, TONY
1607 NW 84TH AVE.
MIAMI, FL 33126 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: PTD ( ) Delete
Name: MEDEIROS, TONY
Address: 42 CORPORATE PARK, SUITE 150
City-St-Zip: IRVINE, CA 92606

Title: V ( ) Delete
Name: ARJONILLA, FELIPE L
Address: 42 CORPORATE PARK, SUITE 150
City-St-Zip: IRVINE, CA 92606

Title: SD ( ) Delete
Name: PEREIRA, ALEXANDER
Address: 1178 CHERRY AVENUE
City-St-Zip: SAN BRUNO, CA 94066

Title: C ( ) Delete
Name: PEREIRA, ANTHONY N
Address: 42 CORPORATE PARK, SUITE 150
City-St-Zip: IRVINE, CA 92606

Title: CHAI ( ) Delete
Name: PEREIRA, ANTHONY N CHAIRMA
Address: 42 CORPORATE PARK, SUITE 150
City-St-Zip: IRVINE, CA 92606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change ( ) Addition
Name: PEREIRA, ALEXANDER
Address: 850 MITTEN ROAD
City-St-Zip: BURLINGAME, CA 94010

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 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: FELIPE L. ARJONILLA V 01/13/2009

Electronic Signature of Signing Officer or Director Date