APPROVED
07-07-2006 90002 013 ***150.00
07-28-2006 90031 039 ***400.00
F04000001059

2006 FOR PROFIT CORPORATION ANNUAL REPORT

06 AUG 10 PM 5:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04000001059

1. Entity Name
AEROSOFT PMI SYSTEMS INC.

Principal Place of Business	Mailing Address
5945 AIRPORT ROAD , SUITE 254 MISSISSAUGA, ONTARIO, L4V1R9	5945 AIRPORT ROAD , SUITE 254 MISSISSAUGA, ONTARIO, L4V1R9

03172006 No Chg-P CR2E034 (11/05)

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4. FEI Number
98-0419698
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HRAWG.CORP.
1801 N. MILITARY TRAIL, SUITE 200
BOCA RATON, FL 33431

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KAPONERIDIS, THANOS
STREET ADDRESS	5945 AIRPORT ROAD , SUITE 254
CITY-ST-ZIP	MISSISSAUGA, ONTARIO, CAN, L4V1R9
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ THANOS KAPONERIDIS JUNE 28/06 905-678-9564
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Document corrected per Christine. DSC