
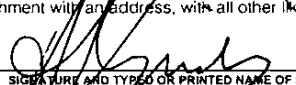


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90119 016 \*\*\*150.00

<b>DOCUMENT # F04000001059</b> 1. Entity Name <b>AEROSOFT PMI SYSTEMS INC.</b>					
Principal Place of Business <b>5945 AIRPORT ROAD, SUITE 254</b> <b>MISSISSAUGA, ONTARIO, CANADA, L4V1R-9</b>			Mailing Address <b>5945 AIRPORT ROAD, SUITE 254</b> <b>MISSISSAUGA, ONTARIO, CANADA, L4V1R-9</b>		
2. Principal Place of Business - No P.O. Box # <b>1560 SAWGRASS CORP. PKWY</b> Suite, Apt. #, etc. <b>SUITE 400</b> City & State <b>SUNRISE, FL</b> Zip <b>33323</b>			3. Mailing Address Suite, Apt. #, etc.  City & State  Zip  Country <b>USA</b>		
4. FEI Number <b>98-0419698</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>HRAWG CORP.</b> <b>1801 N. MILITARY TRAIL, SUITE 200</b> <b>BOCA RATON, FL 33431</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KAPONERIDIS, THANOS 5945 AIRPORT ROAD, SUITE 254 MISSISSAUGA, ONTARIO, CANADA, L4V1R9	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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:  <b>THANOS KAPONERIDIS</b> <b>JAN 17/07</b> <b>905-678-9564</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # <b>x 102</b>					