## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000003286

Entity Name: AEROTECH LABORATORIES, INC

FILED Mar 19, 2009 Secretary of State

Littly Na	Me. ALROTE	CITEABORATORIES, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
	(NUDSEN DR. , AZ 85027				
Current Mailing Address:			New Mailing Address:		
	FFLE DR. NW ANTON, OH				
FEI Number	: 86-0731342	FEI Number Applied For()	FEI Number Not App	licable ( )	Certificate of Status Desired ( )
Name and	d Address of (	Current Registered Agent:	Name and	Address of	New Registered Agent:
1200 SOU	PORATION SY ITH PINE ISLA ION, FL 33324	ND ROAD			
	e named entity e of Florida.	submits this statement for the	purpose of changing	its registered	office or registered agent, or both,
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	jent		Date
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P ( VEGA, BELIND 4101 SHUFFEI NORTH CANTO	_ STREET	Title: Name: Address: City-St-Zip:		()Change ()Addition
Title: Name: Address: City-St-Zip:	VILLEMAIRE, I 580 VIRGINIA	) Delete HEATHER COLLIN DRIVE, STE. 300 TON, PA 19034	Title: Name: Address: City-St-Zip:	VILLEMAIRE 4101 SHUFF	(X) Change()Addition , HEATHER COLLIN EL STREET TON, OH 44720
Title: Name: Address: City-St-Zip:	BLACK, JOHN	) Delete DD DRIVE, STE. 106 14228	Title: Name: Address: City-St-Zip:		()Change ()Addition
Title: Name: Address: City-St-Zip:	JANNETTA, RA 580 VIRGINIA	) Delete CHEL BRYDON DRIVE, STE. 106 IGTON, PA 19034	Title: Name: Address: City-St-Zip:	JANNETTA, F 4101 SHUFF	(X) Change()Addition RACHEL BRYDON EL STREET TON, OH 44720
Title: Name: Address: City-St-Zip:	JANNETTA, RA 580 VIRGINIA	) Delete CHEL BRYDON DRIVE IGTON, PA 19034	Title: Name: Address: City-St-Zip:	JANNETTA, F 4101 SHUFF	(X) Change ()Addition RACHEL BRYDON EL STREET TON, OH 44720

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: HEATHER COLLINS VILLEMAIRE VP 03/19/2009