

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002218

Entity Name: AERO-MED LTD CO.

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

85 COMMERCE STREET
GLASTONBURY, CT 06033

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 151
GLASTONBURY, CT 06033

New Mailing Address:

FEI Number: 06-1132462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, MICHAEL D
1551 102ND AVE NORTH
SUITE D
ST. PETERSBURG, FL 33716 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: CP () Delete
Name: DELMASTRO, DANIEL A
Address: 85 COMMERCE STREET
City-St-Zip: GLASTONBURY, CT 06033

Title: VVS () Delete
Name: PANDISCIA, DANIEL J
Address: 85 COMMERCE STREET
City-St-Zip: GLASTONBURY, CT 06033

Title: CFO () Delete
Name: DONOVAN, PETER A
Address: 85 COMMERCE STREET
City-St-Zip: GLASTONBURY, CT 06033

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: DELMASTRO, DANIEL A
Address: 85 COMMERCE STREET
City-St-Zip: GLASTONBURY, CT 06033

Title: VP (X) Change () Addition
Name: PANDISCIA, DANIEL J
Address: 85 COMMERCE STREET
City-St-Zip: GLASTONBURY, CT 06033

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

Title: VP () Change (X) Addition
Name: GAY, SHERI K
Address: 85 COMMERCE ST
City-St-Zip: GLASTONBURY, CT 06033

Title: VP () Change (X) Addition
Name: MCGARRY, JILL H
Address: 85 COMMERCE ST
City-St-Zip: GLASTONBURY, CT 06033

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: PETER DONOVAN

CFO

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date