2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# F07000003862

Entity Name: ARIES INDUSTRIES, INC.

Current Principal Place of Business:

550 ELIZABETH STREET
WAUKESHA, WI 53186

New Principal Place of Business:

Current Mailing Address:

550 ELIZABETH STREET
WAUKESHA, WI 53186

New Mailing Address:

FEI Number: 39-1521061 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANESTAR, MARY
1441 SW 10TH AVE #202
POMPANO BEACH, FL 33069 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: C ( ) Delete
Name: HUELSMAN, A WILLIAM
Address: PO BOX 467
City-St-Zip: WAUKESHA, WI 53186

Title: D ( ) Delete
Name: KUNZ, JAMES
Address: W295 N1738 PRAIRIE WOOD CT
City-St-Zip: PEWAUKEE, WI 53072

Title: D ( ) Delete
Name: HUELSMAN, ALAN
Address: 235 W BROADWAY AVE SUITE 10
City-St-Zip: WAUKESHA, WI 53186

Title: D (X) Delete
Name: SIMPSON, JOEL
Address: 130 N 89TH STREET
City-St-Zip: WAUMATOSA, WI 53226

Title: CEOP ( ) Delete
Name: LENAHAN, JAMES
Address: N78 W13065 COUNTRY CLUB CT
City-St-Zip: MENOMONEE FALLS, WI 53051

Title: D ( ) Delete
Name: LENAHAN, JAMES
Address: N78 W13065 COUNTRY CLUB CT
City-St-Zip: MENOMONEE FALLS, WI 53051

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: JAMES P LENAHAN CEOP 02/26/2009

Electronic Signature of Signing Officer or Director Date