2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2010
Secretary of State

DOCUMENT# F08000002150

Entity Name: THE AEROBATIC EXPERIENCE, INC.

Current Principal Place of Business:

435 HAWKEYE VIEW LANE
SAINT AUGUSTINE, FL 32095

New Principal Place of Business:

Current Mailing Address:

PO BOX 395
SAINT AUGUSTINE, FL 320850395

New Mailing Address:

FEI Number: 48-1288600 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORDEM, LINDA
728 PALM HAMMOCK CIRCLE
SAINT AUGUSTINE, FL 32095 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
Name: FORDEM, CRAIG A
Address: 728 PALM HAMMOCK CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: ST
Name: FORDEM, LINDA A
Address: 728 PALM HAMMOCK CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32095

I hereby 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 all other like empowered.

SIGNATURE: LINDA FORDEM ST 04/28/2010

Electronic Signature of Signing Officer or Director Date