2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# F08000004643

Entity Name: AEROCRINE INC.

Current Principal Place of Business:

562 CENTRAL AVENUE
NEW PROVIDENCE, NJ 07974

New Principal Place of Business:

Current Mailing Address:

562 CENTRAL AVENUE
NEW PROVIDENCE, NJ 07974

New Mailing Address:

FEI Number: 41-2032037 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331 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: CHRM ( ) Delete
Name: DE OTOCKI, PAUL
Address: AEROCRINE AB, P.O. BOX 1024, SE
City-St-Zip: 171 21 SOINA, SWEDEN, OC

Title: P ( ) Delete
Name: NAFF KI, CHARLES J III
Address: 562 CENTRAL AVENUE
City-St-Zip: NEW PROVIDENCE, NJ 07974

Title: V ( ) Delete
Name: ROBERTSON, BLAIR D
Address: 562 CENTRAL AVENUE
City-St-Zip: NEW PROVIDENCE, NJ 07974

Title: T ( ) Delete
Name: ROBERTSON, BLAIR D (ASST.)
Address: 562 CENTRAL AVENUE
City-St-Zip: NEW PROVIDENCE, NJ 07974

Title: ST (X) Delete
Name: COLERUS, MICHAEL
Address: AEROCRINE AB, P.O. BOX 1024, SE
City-St-Zip: 171 21 SOINA, SWEDEN,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHRM (X) Change ( ) Addition
Name: DE POTOCKI, PAUL
Address: AEROCRINE AB, SUNDBYBERGSVAGEN 9
City-St-Zip: SOLNA, OC 171 21 SE

Title: P (X) Change ( ) Addition
Name: NEFF, CHARLES J III
Address: 562 CENTRAL AVE
City-St-Zip: NEW PROVIDENCE, NJ 07974

Title: T (X) Change ( ) Addition
Name: ROBERTSON, BLAIR D (ASST.)
Address: 562 CENTRAL AVENUE
City-St-Zip: NEW PROVIDENCE, NJ 07974

Title: ST (X) Change ( ) Addition
Name: COLERUS, MICHAEL
Address: AEROCRINE AB, SUNDBYBERGSVAGEN 9
City-St-Zip: SOLNA, OC 171 21 SE

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: BLAIR ROBERTSON T 03/11/2009

Electronic Signature of Signing Officer or Director Date