

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90402 025 ***150.00

DOCUMENT # J03734 1. Entity Name AERO NOVA, INC.					
Principal Place of Business 905 E MARTIN LUTHER KING JR DR SUITE 370 TARPON SPRINGS, FL 34689 US			Mailing Address 905 E MARTIN LUTHER KING JR DR SUITE 370 TARPON SPRINGS, FL 34689 US		
2. Principal Place of Business 3825 CAPITOL DR Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 3647 Suite, Apt. #, etc.			
City & State PALM HARBOR, FL Zip 34685		City & State HOLIDAAY, FL Zip 34690		4. FEI Number 59-2687067	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SWAN, ROBERT H. 905 E. M.L.K., JR. DRIVE SUITE 400 TARPON SPRINGS, FL 34689				7. Name and Address of New Registered Agent Name ROBERT H. SWAN Street Address (P.O. Box Number is Not Acceptable) 3825 CAPITOL DR City PALM HARBOR FL Zip Code 34685	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  (NOTE: Registered Agent signature required when reappointing) DATE April 25, 2005					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SWAN, ROBERT H. 905 E MLK BLVD STE 370 TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROBERT H. SWAN 3825 CAPITOL DR PALM HARBOR, FL 34685			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  DATE April 25, 2005 DAYTIME PHONE # 727-773-9782					