

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J71640

FILED  
Apr 28, 2007  
Secretary of State

Entity Name: AERIAL INNOVATIONS, INC.

**Current Principal Place of Business:**

3703 W AZEELE ST  
TAMPA, FL 33609 US

**New Principal Place of Business:**

**Current Mailing Address:**

3703 W AZEELE ST  
TAMPA, FL 33609 US

**New Mailing Address:**

FEI Number: 59-2802602      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WATKINS, ALLAN C ESQ  
WATKINS LAW FIRM, P.A.  
707 N FRANKLIN ST  
TAMPA, FL 33602 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: P ( ) Delete  
Name: EDDY, COLETTE,  
Address: 198 CEYLON AVE  
City-St-Zip: TAMPA, FL 33606

Title: VP ( ) Delete  
Name: SMITH, JENNY  
Address: 14251 LORD BARCLAY DR.  
City-St-Zip: ORLANDO, FL 32837

Title: VST ( ) Delete  
Name: VALDES, JULIE PALERMO  
Address: 3118 W IDLEWILD AVE  
City-St-Zip: TAMPA, FL 33614

Title: VP ( ) Delete  
Name: BRIGGS, TACY  
Address: 12105 SHADOW RUN BLVD  
City-St-Zip: RIVERVIEW, FL 33569

**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:

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: JULIE P VALDES

VST

04/28/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date