

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J71640

FILED
Apr 28, 2008
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 PALERMO VALDES

VST

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date