

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Aug 24, 2004
Secretary of State**

DOCUMENT# N01000008406

Entity Name: AMERICAN AERIAL ARTS ACADEMY, INC.

Current Principal Place of Business:

428 BRICKELL ST
PALM BAY, FL 32909

New Principal Place of Business:

Current Mailing Address:

101157
PALM BAY, FL 32910

New Mailing Address:

FEI Number: 30-0000663 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONARI, LAWRENCE S
428 BRICKELL ST
PALM BAY, FL 32909

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MONARI, LAWRENCE S
Address: 428 BRICKELL ST
City-St-Zip: PALM BAY, FL 32909

Title: T () Delete
Name: MONARI, LAWRENCE M
Address: 428 BRICKELL ST
City-St-Zip: PALM BAY, FL 32909

Title: D () Delete
Name: MONARI, CLINTON J
Address: 3301 SW 13TH ST B 123
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: PRUEDHOMME, PLANETTA S
Address: 401 BRICKELL ST. SE.
City-St-Zip: PALM BAY, FL 32909 US

Title: D () Delete
Name: BAPTISTE, JOHN C
Address: 1141 POLK ST. NW.
City-St-Zip: PALM BAY, FL 32907

Title: D () Delete
Name: SANTIAGO, HECTOR J
Address: 943 CRANBERRY RD. SE
City-St-Zip: PALM BAY, FL 32909 US

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
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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 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE S MONARI

P

08/24/2004

Electronic Signature of Signing Officer or Director

Date