

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008406

FILED  
Apr 23, 2005  
Secretary of State

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:**

P.O. BOX 101157  
PALM BAY, FL 32910

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 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

**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  
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 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

PRES

04/23/2005

Electronic Signature of Signing Officer or Director

Date