## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2008 08:00 AN Secretary of State DOCUMENT # P00000006579 1. Entity Name AERÓ FX, INC. Principal Place of Business Mailing Address 1931 U.S. HIGHWAY 90 WEST 1931 U.S. HIGHWAY 90 WEST DEFUNIAK SPRINGS, FL 32433 DEFUNIAK SPRINGS, FL 32433 No Chg-P CR2E034 (11/05) 04242008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3618976 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE DUNN, JONATHAN 1931 US HIGHWAY 90 WEST IN THIS SPACE DEFUNIAK SPRINGS, FL 32433 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. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PRES** TITLE DUNN, JONATHAN NAME STREET ADDRESS 1931 US HWY 90 WEST CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE

**FILED** 

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in chapter of the proposed or one attachment with an address, with all other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED MARKE OF SIGNING OFFICER OR DIRECTOR Date Despirite Phone 9