2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# P00000025138

Entity Name: AIRONOMICS INCORPORATED

Current Principal Place of Business:

6727 TOWER DRIVE
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 595
PORT RICHEY, FL 34673

New Mailing Address:

FEI Number: 59-3630446 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WATERS, CODY W
501 E. KENNEDY BLVD., SUITE 1700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

FOWLER WHITE BOGGS BANKER
501 E. KENNEDY BLVD., SUITE 1700
TAMPA, FL 33602 US

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: MITCHELL I. HOROWITZ 04/28/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: SANDERS, CHARLES D
Address: 9250 CRESTON AVENUE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: SD ( ) Delete
Name: SANDERS, TINA M
Address: 9250 CRESTON AVENUE
City-St-Zip: NEW PORT RICHEY, FL 34654

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: SANDERS, CHARLES D
Address: 6727 TOWER DRIVE
City-St-Zip: HUDSON, FL 34667

Title: VSD (X) Change ( ) Addition
Name: SANDERS, TINA M
Address: 6727 TOWER DRIVE
City-St-Zip: HUDSON, FL 34667

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

SIGNATURE: CHARLES D. SANDERS PTD 04/28/2005
Electronic Signature of Signing Officer or Director Date