


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90307 020 \*\*\*150.00

<b>DOCUMENT # P00000049589</b>																			
<b>1. Entity Name</b> AAREMA INDUSTRIES, INC.																			
<b>Principal Place of Business</b> 1380 ELKCAM BLVD. DELTONA, FL 32725			<b>Mailing Address</b> 1380 ELKCAM BLVD. DELTONA, FL 32725																
<b>2. Principal Place of Business</b> 2899 Beaver Drive		<b>3. Mailing Address</b> 2899 Beaver Drive																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																	
<b>City &amp; State</b> Deltona, Florida		<b>City &amp; State</b> Deltona, Florida		<b>4. FEI Number</b> 59-3643837															
<b>Zip</b> 32725		<b>Country</b> Volusia		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>															
<b>6. Name and Address of Current Registered Agent</b>  BRYANT, JAMES D 1380 ELKCAM BLVD. DELTONA, FL 32725			<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">763 W. Goucho</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Deltona, FL</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">State</td> </tr> <tr> <td style="padding: 2px;">Deltona</td> <td style="padding: 2px;">FL</td> </tr> <tr> <td style="padding: 2px;">Zip</td> <td style="padding: 2px;">32725</td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)		763 W. Goucho		Deltona, FL		City	State	Deltona	FL	Zip	32725
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Zip	32725																		
<b>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.</b>																			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition															
NAME	BRYANT, CARL D		NAME																
STREET ADDRESS	1380 ELKCAM BLVD.		STREET ADDRESS																
CITY-ST-ZIP	DELTONA, FL 32725		CITY-ST-ZIP																
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition															
NAME	BRYANT, ROBIN K		NAME																
STREET ADDRESS	1380 ELKCAM BLVD.		STREET ADDRESS																
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CITY-ST-ZIP			CITY-ST-ZIP																
<b>12. I hereby certify that the information supplied with this filing does not qualify 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 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 if changed, or on an attachment with an address, with or other like empowered.</b>																			
<b>SIGNATURE:</b> <i>Carl D Bryant</i>			4/26/04 336-566-1997																
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #																