


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000113915	
1. Entity Name THE AAE GROUP, INC.	

Principal Place of Business 4697 BALI HAI LANE BONITA SPRINGS, FL 34134	Mailing Address 4697 BALI HAI LANE BONITA SPRINGS, FL 34134
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DO NOT WRITE IN THIS SPACE

FILED
2006 SEP 18 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3758609	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHROEDER, RALPH E
4697 BALI HAI LANE
BONITA SPRINGS, FL 34134

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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!! FEE IS \$150.00 Due by September 15, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHROEDER, RALPH E 4697 BALI HAI LANE BONITA SPRINGS, FL 34134
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ralph E Schroeder 9 11 2006 239 947 2977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #