2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007
Secretary of State

DOCUMENT# P02000004195

Entity Name: AERIAL INFORMATION SYSTEMS CORPORATION

Current Principal Place of Business:

1207 WINDWARD CIRCLE
NICEVILLE, FL 32578

New Principal Place of Business:

1439 LIVE OAK ST
SUITE C
NICEVILLE, FL 32578

Current Mailing Address:

P.O. BOX 5806
DESTIN, FL 32540

New Mailing Address:

1439 LIVE OAK ST
SUITE C
NICEVILLE, FL 32578

FEI Number: 26-0020817 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRIESE, LARRY D JR.
1207 WINDWARD CIRCLE
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

FRIESE, LARRY D JR.
1439 LIVE OAK ST.
SUITE C
NICEVILLE, FL 32578 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: _____ 04/13/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: FRIESE, LARRY D JR
Address: 1207 WINDWARD CIR
City-St-Zip: NICEVILLE, FL 32578

Title: D ( ) Delete
Name: FRIESE, LARRY D JR
Address: 1207 WINDWARD CIR
City-St-Zip: NICEVILLE, FL 32578

Title: P ( ) Delete
Name: FRIESE, LARRY D JR
Address: 1207 WINDWARD CIR
City-St-Zip: NICEVILLE, FL 32578

Title: S ( ) Delete
Name: FRIESE, LARRY D JR
Address: 1207 WINDWARD CIR
City-St-Zip: NICEVILLE, FL 32578

Title: T ( ) Delete
Name: FRIESE, LARRY D JR
Address: 1207 WINDWARD CIR
City-St-Zip: NICEVILLE, FL 32578

Title: VP ( ) Delete
Name: FRIESE, LARRY D JR
Address: 1207 WINDWARD CIR
City-St-Zip: NICEVILLE, FL 32578

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 Chapter 119, 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: LARRY D FRIESE JR P 04/13/2007
Electronic Signature of Signing Officer or Director — Date