2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004
Secretary of State

DOCUMENT# P04000000100

Entity Name: AERIAL CARTOGRAPHICS OF AMERICA, INC.

Current Principal Place of Business:

1722 W. OAK RIDGE RD.
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

1722 W. OAK RIDGE RD.
ORLANDO, FL 32809

New Mailing Address:

325 W. MAIN STREET
BABYLON, NY 11702

FEI Number: 20-0573171 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE, FL 323011283 US

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: JEANINE REYNOLDS AS IT AGENT 02/18/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GREENMAN, A. BEECHER
Address: 1722 W. OAK RIDGE RD.
City-St-Zip: ORLANDO, FL 32809

Title: D ( ) Delete
Name: GREENMAN, STEVEN
Address: 1722 W. OAK RIDGE RD.
City-St-Zip: ORLANDO, FL 32809

Title: D ( ) Delete
Name: BUONCORE, MICHAEL J
Address: 1722 W. OAK RIDGE RD.
City-St-Zip: ORLANDO, FL 32809

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:

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: MICHAEL BUONCORE CFO 02/18/2004
Electronic Signature of Signing Officer or Director Date