


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 05, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000015992		
1. Entity Name AELLA INC		

Principal Place of Business 12175 IRWIN MANOR DR JACKSONVILLE, FL 32246 US	Mailing Address 12175 IRWIN MANOR DR JACKSONVILLE, FL 32246 US
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**DO NOT WRITE IN THIS SPACE**



06192007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2253123	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

DONELSON, ANDREW J  
 12175 IRWIN MANOR DR  
 JACKSONVILLE, FL 32246

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$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.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DONELSON, ANDREW J 12175 IRWIN MANOR DR JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DONELSON, MONA P 12175 IRWIN MANOR DR JACKSONVILLE, FL 32246
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 07/05/07-80002-005 150.00

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: *Andrew S. Donelson* Andrew S. Donelson - Preside + 7/1/07 (904) 861-5871  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #