


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90160 001 ***150.00

02-17-2006 90160 002 *****8.75


DOCUMENT # P05000025478		
1. Entity Name AERIAL IMAGING SYSTEMS, INC.		

Principal Place of Business 11901 4TH ST N SUITE 310 ST PETERSBURG, FL 33716 US	Mailing Address PO BOX 20367 ST PETERSBURG, FL 33742
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2. Principal Place of Business 208 Cavendar Way	3. Mailing Address 208 Cavendar Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Marietta, GA	City & State Marietta, GA
Zip 30066-8602	Country USA
Zip 30066	Country USA

66001728



02112006 Chg-P CR2E034 (11/05)

8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	
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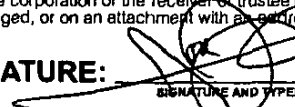
4. FEI Number 68-0604994	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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8. The above named 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUEVARA, JOSE ARMANDO <input type="checkbox"/> Delete P.O. BOX 260235 TAMPA, FL 336850235	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/C JOSE ARMANDO GUEVARA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4806 Barnstead Dr. Riverview, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRUCHA, STEPHEN J <input checked="" type="checkbox"/> Delete 1220 DEBORAH DRIVE HUNTSVILLE, AL 35801	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Andrew B. Spiegel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 15 Spinning Wheel Rd. Suite 126 Hinsdale, IL 60521
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAYNE, CHRISTOPHER D <input checked="" type="checkbox"/> Delete 215 SARA SISTA CIRCLE HARVEST, AL 35749	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Jose Armando Guevara	Date 2/17/06 Daytime Phone # 813-545-6108
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	