2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000048985

Entity Name: AERO CARE TECH, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3417 MERRICK CT. 10330 GENTLEWOOD FOREST DR BOYNTON BEACH, FL 33473 1206

MARGATE, FL 33063

New Mailing Address: Current Mailing Address:

10330 GENTLEWOOD FOREST DR 3417 MERRICK CT. 1206 BOYNTON BEACH, FL 33473 MARGATE, FL 33063

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRANT, MICHAEL M GRANT, MICHAEL M 3417 MÉRRICK CT. 10330 GENTLEWOOD FOREST DR BOYNTON BEACH, FL 33473 1206 MARGATE, FL 33063 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: MICHAEL GRANT 04/30/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

GRANT, MICHAEL M GRANT, MICHAEL M Name: Name: Address: Address:

3417 MERRICK CT. UNIT 1206 10330 GENTLEWOOD FOREST DR City-St-Zip: MARGATE, FL 33063 City-St-Zip: BOYNTON BEACH, FL 33473

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL GRANT 04/30/2009 D