



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90033 041 \*\*\*150.00

<b>DOCUMENT # P06000114956</b> 1. Entity Name <b>AUTOMATED HOME ENVIRONMENTS, INC.</b>					
Principal Place of Business <b>3151 SOUTH BABCOCK STREET #207 MELBOURNE, FL 32901 US</b>			Mailing Address <b>3151 SOUTH BABCOCK STREET #207 MELBOURNE, FL 32901 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>2117 S. BABCOCK ST. Suite, Apt. #, etc. PMB 297</b>			
City & State  Zip		City & State <b>MELBOURNE FL</b> Zip <b>32901</b>		Country <b>US</b>	
4. FEI Number <b>20-5494297</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03142007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>SEVERTSON, AARON 3151 SOUTH BABCOCK STREET #207 MELBOURNE, FL 32901</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST SEVERTSON, AARON 3151 SOUTH BABCOCK STREET #207 MELBOURNE, FL 32901</b> <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	<b>D SEVERTSON, AARON 3151 SOUTH BABCOCK STREET #207 MELBOURNE, FL 32901</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b>  <b>AARON SEVERTSON</b>			<b>4/9/07 480 326 6187</b> Date Daytime Phone #		