2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

IGNATURE AND TYPED OR PR

SIGNATURE:

Apr 26, 2007 8:00 am Secretary of State **DOCUMENT # P92000003756** 04-26-2007 90183 027 ***150.00 1. Entity Name A.E.L.S., INC. Principal Place of Business Mailing Address 40088190 % NORMAN BECKER % NORMAN BECKER 2404 HOLLYWOOD BLVD 2404 HOLLYWOOD BLVD HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1909 TYLER ST. TYLER 909 Suite, Apt. #, etc 04232007 Chg-P CR2E034 (12/06) Suite # 603 Soute City & State 4. FEI Number Applied For 40 lly wood 65-0385864 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired \Box BAOW APD 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BECKER, NORMAN Street Address (P.O. Box Number is Not Acceptable) 1909 TYLER STREET, SUITE 603 HOLLYWOOD, FL 33020 Zip Code FL 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. Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11, DPST TITLE ☐ Delete TITLE Change Addition ANGELOTTI, EDWARD G NAME NAME STREET ADDRESS 1909 TYLER STREET, SUITE 603 STREET ADDRESS HOLLYWOOD, FL 33020 CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE Delete STEPHEN GORDICH NAME 1909 TYLER STREET, SUITE 603 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD, FL 33020 VP TITLE Delete TITLE Change Addition GORDICH, LAWRENCE NAME NAME STREET ADDRESS 1909 TYLER STREET, SUITE 603 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33020 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete THILE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filling 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 eath, 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

Daytime Phone #