

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000010066

FILED
May 01, 2006
Secretary of State

Entity Name: AARON ALEXIS CORPORATION

Current Principal Place of Business:

1865 SOUTH OCEAN DR.
#5M
HALLANDALE BEACH, FL 330097609 US

New Principal Place of Business:

Current Mailing Address:

1865 SOUTH OCEAN DR.
#5M
HALLANDALE BEACH, FL 330097609 US

New Mailing Address:

FEI Number: 65-0374172 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EICOFF, WILLIAM S PRES.
1865 S OCEAN DR
#5M
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: PTCE () Delete
Name: EICOFF, WILLIAM
Address: 1865 S OCEAN DR., #5-M
City-St-Zip: HALLANDALE, FL 33009 US

Title: VP () Delete
Name: SNYDER, ALEXIS
Address: 699 BOUNTY DRIVE
City-St-Zip: FOSTER CITY, CA 94404

Title: EVS () Delete
Name: ROBBINS, KATHLEEN
Address: 1865 S OCEAN DR., #5-M
City-St-Zip: HALLANDALE, FL 33009 US

Title: VD () Delete
Name: EICOFF, AARON P
Address: 246 RICE AVE
City-St-Zip: STATEN ISLAND, NY 10314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: EICOFF, AARON P
Address: 187 SUFFOLK AVE
City-St-Zip: STATEN ISLAND, NY 10314

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM S. EICOFF

PRES

05/01/2006

Electronic Signature of Signing Officer or Director

Date