

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000034034

FILED  
Apr 06, 2006  
Secretary of State

Entity Name: AERO INVESTIGATIONS, INC.

**Current Principal Place of Business:**

PO BOX 670428  
CORAL SPRINGS, FL 33067 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 670428  
CORAL SPRINGS, FL 33067 US

**New Mailing Address:**

FEI Number: 65-0410620

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SLUSHER, JAMES  
PO BOX 670428  
CORAL SPRINGS, FL 33067 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTS ( ) Delete  
Name: SLUSHER, JAMES  
Address: PO BOX 670428  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VP ( ) Delete  
Name: SLUSHER, TRACY  
Address: PO BOX 670428  
City-St-Zip: CORAL SPRINGS, FL 33067

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: JAMES SLUSHER

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04/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date