

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000015066

Entity Name: AET, INC.

FILED
Apr 25, 2005
Secretary of State

Current Principal Place of Business:

1600 W. EAU GALLIE BLVD.
SUITE 201
MELBOURNE, FL 32935 US

Current Mailing Address:

1600 W. EAU GALLIE BLVD.
SUITE 201
MELBOURNE, FL 32935 US

New Principal Place of Business:

1900 S. HARBOR CITY BLVD.
SUITE 236
MELBOURNE, FL 32901 US

New Mailing Address:

1900 S. HARBOR CITY BLVD.
SUITE 236
MELBOURNE, FL 32901 US

FEI Number: 59-3226810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SANDERS, THOMAS J JR
58 SUNSET STREET
SATELLITE BEACH, FL 32937 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: PD () Delete
Name: SANDERS, THOMAS J SR.
Address: 331 SEABREEZE DR.
City-St-Zip: INDIALANTIC, FL

Title: D () Delete
Name: COMBS, CLYDE JR
Address: 499 CINNAMON DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D () Delete
Name: DAVIS, JACOB A
Address: 370 FRANKLYN AVENUE
City-St-Zip: INDIALANTIC, FL 32903

Title: D (X) Delete
Name: MEANS, DALE P
Address: 2435 HOMESTEAD LANE
City-St-Zip: MALABAR, FL 32950

Title: ST () Delete
Name: SANDERS, THOMAS J JR
Address: 58 SUNSET STREET
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D () Delete
Name: TOLLEY, WILLIAM R
Address: 4250 PINWOOD ROAD
City-St-Zip: MELBOURNE, FL 32934

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

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 Section 119.07(3)(i), 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: THOMAS J. SANDERS, JR.

ST

04/25/2005

Electronic Signature of Signing Officer or Director

Date