

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90195 049 \*\*\*150.00

**DOCUMENT # P95000020174**

1. Entity Name  
**AMERICAN AERIALS, INC.**



Principal Place of Business  
**4914 OLD CREEK DR  
 SARASOTA, FL 34233**

Mailing Address  
**P.O. BOX 40036  
 ATTN: HARALD H. KRAUSE  
 SARASOTA, FL 34278**

2. Principal Place of Business - No P.O. Box #  
**3750 EAGLE HAMMOCK DR**

3. Mailing Address  
 Suite, Apt. #, etc.  
 Suite, Apt. #, etc.

City & State  
**SARASOTA FL**

City & State

Zip  
**34240**

Country  
**SARASOTA**

Zip  
 Country



01082007 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-0570097**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent:

**KRAUSE, HARALD H  
 4914 OLD CREEK DR  
 SARASOTA, FL 34233**

7. Name and Address of New Registered Agent

Name  
**HARALD H. KRAUSE**

Street Address (P.O. Box Number is Not Acceptable)  
**3750 EAGLE HAMMOCK DR.**

City  
**SARASOTA FL** Zip Code  
**34240**

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  **HARALD H. KRAUSE** **PRESIDENT** **1-8-07**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KRAUSE, HARALD 4914 OLD CREEK DR SARASOTA, FL 34233 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS KRAUSE, CHRISTINE 4914 OLD CREEK DR SARASOTA, FL 34233 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3750 EAGLE HAMMOCK DR. SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3750 EAGLE HAMMOCK DR. SARASOTA FL 34240
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:  **HARALD H. KRAUSE** **PRESIDENT** **1-8-07** **941 370 1100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #