## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P95000022037

1. Entity Name
AERIAL FIVE, INC.



FILED May 02, 2006 8:00 am Secretary of State

05-02-2006 90168 018 \*\*\*150.00

						1121						
Principal Plac 1600 EAST / HOLLYWOOD	AIRPORT RO	AD	Mailing Address 800 THIRD AVENUE 28TH FLOOR NEW YORK, NY 10022	800 THIRD AVENUE								
Principal Place of Business 3.			3. Mailing Address	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04282006	Chg-P	C	CR2E034 (11/	05)		
City & State			City & State				4. FEI Numb	-			Applied For	
Zip		Country	Zip	Count	Country			of Status Des	ired [	\$8.75 Fee Rec	Additional	
	6. Name	and Address of Current I	Registered Agent				7. Name and	Address of N	lew Regis	stered Agent		
BUTLER, JAMES L						Name Street Address (P.O. Box Number is Not Acceptable)						
								<del></del>		Zip Zip	Code	
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												
		FEE IS \$150.00 6 Fee will be \$550.0	9. Election Campa Trust Fund Con	_	cing		00 May Be ed to Fees			-		
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS	CHANGES TO	OFFICE	RS AND DIRECT	ORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		JAMES L T AIRPORT ROAD KE PINES, FL 33023	☐ Delete							☐ Cha	nge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[	PAUL G D AVE 28TH FLOOR RK, NY 10022	Deleie		T ADDRESS ST-ZIP	Syp Preti Syp Nev	itelder, S Third A W York,	Heven He, 28 NY 100	*FL	Cha.	nge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800 THIR	WILLIAM C D AVE 28TH FLOOR RK, NY 10022	☐ Delete		T ADORESS ST-ZIP			•		☐ Char	ige 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		t address St-zip					☐ Char	ge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Delete		1	-		,		☐ Cha	nge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	CiTY-	T ADDRESS ST-ZIP					□ Chai		

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #