2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2004 08:00 AM Secretary of State **DOCUMENT # P95000035309** 1. Entity Name AERÓ-SYMETRICS, INC. Principal Place of Business Mailing Address **POST OFFICE BOX 5428 POST OFFICE BOX 5428** DELTONA, FL 32728 DELTONA, FL 32728 CR2E034 (10/03) 04212004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3313845 Not Applicable \$8.75 Additional × 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ADNEY, WILLIAM G 2840 FOXDALE DRIVE DO NOT WRITE DELTONA, FL 32738 IN THIS SPACE 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. Signature, typed or printed name of registered agent and trile if applicable, DATE (NOYE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 04/27/04-80014-008 158.75 OFFICERS AND DIRECTORS 10. TITLE ADNEY, BARBARA A NAME 2840 FOXDALE DRIVE STREET ADDRESS DELTONA, FL CITY-ST-ZIP ADNEY, JOSHUA P NAME 2840 FOXDALE DRIVE STREET ADDRESS CTY-ST-ZP DELTONA, FL TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZP IN THIS SPACE TITLE STREET ADDRESS CITY-57-28P BILE

12. I hereby certify that the information supplied with this filing does not qualify 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 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: William

NAME
STREET ADDRESS
CRTY-ST-78P
TITLE
NAME
STREET ADDRESS
CITY-ST-78P

AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

- William Gary Adney 4-

322-3613

Daytime Phone #

FILED