2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2008 08:00 AN Secretary of State DOCUMENT # P9600042916 1. Entity Name AEW ENTERPRISES, INC. Principal Place of Business Mailing Address 8960 CARLETON ROAD 8960 CARLETON ROAD PORT SAINT LUCIE, FL 34987 PORT SAINT LUCIE, FL 34987 04162008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0667454 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WINTON, ANGELA DO NOT WRITE 8960 CARLETON RD PORT SAINT LUCIE, FL 34987 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 title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150:00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS DILE WINTON, ANGELA NAME STREET ADDRESS 8960 CARLETON ROAD 000000916801 CITY-ST-ZIP PORT SAINT LUCIE, FL 34987 05/13/08-80016-006 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TIDE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP .

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:

TITLE NAME STREET ADDRESS CiTY ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR