

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90047 012 ***150.00

DOCUMENT # P97000039354					
1. Entity Name AIRON CORPORATION					
Principal Place of Business 129 W. HIBISCUS BLVD SUITE X MELBOURNE, FL 32901			Mailing Address 129 W. HIBISCUS BLVD SUITE X MELBOURNE, FL 32901		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. SUITE S (AS IN SAM)		Suite, Apt. #, etc. SUITE S			
City & State		City & State		4. FEI Number 59-3447666	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04082008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
O'BRIEN, JAMES M 1686 WEST HIBISCUS BLVD MELBOURNE, FL 32901			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GJERDE, G. ERIC 17 E MELBOURNE AVE MELBOURNE, FL 32901 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRY, PAMELA KAY 17 E MELBOURNE AVE MELBOURNE, FL 32901 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>G. ERIC GJERDE</u> 4/8/08 321-821-9433					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					