


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90261 005 ***150.00

DOCUMENT # P99000014315

1. Entity Name
AERIAL BANNERS, INC.



Principal Place of Business
**1112 WESTON ROAD STE 137
 FT LAUDERDALE, FL 33326**

Mailing Address
**1112 WESTON ROAD STE 137
 FT LAUDERDALE, FL 33326**

2. Principal Place of Business
601 SW 77th Way

Suite, Apt. #, etc.
Hanger #2

City & State
Pembroke Pines, FL

Zip
33023

Country
USA



01072005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**BENYO, ROBERT C
 1112 WESTON ROAD STE 137
 FT LAUDERDALE, FL 33326**

4. FEI Number
65-0909740

Applied For
 Not Applicable

7. Name and Address of New Registered Agent

Name
Benyo, Robert C

Street Address (P.O. Box Number is Not Acceptable)
601 SW 77th Way

Hanger #2

City
Pembroke Pines FL

Zip Code
33023

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: **Dana Benyo** DATE: **1-7-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BENYO, ROBERT C		NAME	
STREET ADDRESS 1112 WESTON RD STE 137		STREET ADDRESS	
CITY-ST-ZIP FORT LAUDERDALE, FL 33326		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BENYO, DANA		NAME	
STREET ADDRESS 1112 WESTON RD STE 137		STREET ADDRESS	
CITY-ST-ZIP FORT LAUDERDALE, FL 33326		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **Dana Benyo** DATE: **1-7-05** DAYTIME PHONE #: **954-893-0099**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR