

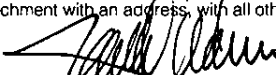


**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P99000092811</b>				<b>Secretary of State</b>		
1. Entity Name <b>AERO WIND INC.</b>						
Principal Place of Business <b>1897 PALM BEACH LAKES BLVD STE 226 WEST PALM BEACH, FL 33409</b>		Mailing Address <b>1897 PALM BEACH LAKES BLVD STE 226 WEST PALM BEACH, FL 33409</b>				
<b>DO NOT WRITE IN THIS SPACE</b>						
		03162007 No Chg-P CR2E034 (11/05)				
		4. FEI Number <b>65-0957915</b>		Applied For Not Applicable		
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>RONALD D WARNER CPA 1897 PALM BEACH LAKES BLVD STE 226 WEST PALM BEACH, FL 33409</b>		<b>DO NOT WRITE IN THIS SPACE</b>				
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 _____						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  <b>U000000721534 05/01/07-80149-017 150.00</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/T <b>WARNER, RONALD D 1897 PALM BEACH LAKES BLVD #226 WEST PALM BEACH, FL 33409</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
TITLE 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: 		4/7/7				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #				