




**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S47571</b> 1. Entity Name AEREX INDUSTRIES, INC.			
Principal Place of Business 3504 INDUSTRIAL 27TH ST. FT. PIERCE, FL 34946		Mailing Address 3504 INDUSTRIAL 27TH ST. FT. PIERCE, FL 34946	
<b>DO NOT WRITE IN THIS SPACE</b>			
			
		01042007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0258708	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  DONNICK, THOMAS A. J 3504 INDUSTRIAL 27TH ST. FT. PIERCE, FL 34946		<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 _____ <small>Signature: typed or printed name of registered agent and title if applicable</small>			
<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"/> \$5.00 May Be Added to Fees	U00000580043 01/10/07-80032-003 158.75
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DONNICK, THOMAS A., JR. 3504 INDUSTRIAL 27TH ST. FT. PIERCE, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BERNERO, J D 580 KENWOOD DRIVE, SW VERO BEACH, FL 32968		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO MCGLYNN, JOHN J III 12 HARBOUR ISLE DRIVE WEST UNIT 203 FT. PIERCE, FL 34949		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
<b>DO NOT WRITE IN THIS SPACE</b>			
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:  CFO		John J. McGlynn III 1-5-07 (772) 461-0004	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	