2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001219

Current Principal Place of Business:

Entity Name: AMERINATIONAL COMMUNITY SERVICES, INC.

FILED May 08, 2004 Secretary of State

New Principal Place of Business:

	ORENCE AVE CA 90240						
Current M	ailing Addres	s:	New Maili	New Mailing Address:			
	H NEWTON AV EA, MN 56007	/E					
FEI Number:	41-1951655	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desi	red()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
		3RY, HWY. #209	10012 NOI	REPANTI, VERONICA A 10012 NORTH DALE MABRY, HWY. #209 TAMPA, FL 33618 US			
The above in the State		ubmits this statement for the po	urpose of changing i	ts registered	l office or registered agen	t, or both,	
SIGNATUR	RE: VERONIC	A REPANTI		05/08/2004			
Electronic Signature of Registered Agent				Date			
Election Can	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	LINDEMAN, JON 105 THE FAIRW	AY	Title: Name: Address: City-St-Zip:	TEWES, PAT 217 SOUTH	NEWTON AVE		
Title:	D ()	Delete	Title:		() Change () Addition		

Title: () Delete TEWES, PATRÍCIA Name: Address: 203 LEE PLACE City-St-Zip: ALBERT LEA, MN 56007 Title: TD () Delete THORSON, ADRIENNE Name: ROUTE 2. BOX 159

DP

105 THE FAIRWAY

STUENCKEL, ERIC

8121 E HOREACE AVE

DOWNEY, CA 90240

ALBERT LEA, MN 56007

() Delete

Address:

Title:

Name:

Address:

Address:

City-St-Zip:

City-St-Zip:

City-St-Zip: GLENVILLE, MN 56036 Title: () Delete

CARTIER, DANIEL Name: 2917 HILLSVIEW EAST Address: City-St-Zip: ROSEVILLE, MN 55113 Title: (X) Change () Addition

TORRES, MICHAEL

8121 E FLORENCE AVE

DOWNEY, CA 90240

THORSON, ADRIENNE

217 SOUTH NEWTON AVE

ALBERT LEA, MN 56007

(X) Change () Addition

(X) Change () Addition

ANDERSON, GARY Name: Address: 217 SOUTH NEWTON AVE City-St-Zip: ALBERT LEA, MN 56007

FVP

TD

Title: () Change () Addition Name:

Address: City-St-Zip:

Address:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADRIENNE THORSON 05/08/2004 TD

TERESA MATHESON, DIRECTOR 217 SOUTH NEWTON AVE ALBERT LEA, MN 56007

JAMES SIEGEL, DIRECTOR 217 SOUTH NEWTON AVE ALBERT LEA, MN 56007