## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # F03000003356 01-11-2005 90012 003 \*\*\*150.00 AEI OF DELAWARE, INC. Principal Place of Business Mailing Address 13501 INGENUITY DRIVE, STE. 204 13501 INGENUITY DRIVE, STE. 204 SEPTOUDG ORLANDO, FL 32826 ORLANDO, FL 32826 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072005 Chg-P CR2E034 (10/03) City & State City & State Applied For 4. FEI Number 59-3575309 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. С TITLE ☐ Delete TITLE MANCE DIRECTOR . ROY SCOTT D NAME NAME ALVINGTION, YEOVIL, SOMERSET, BA22 8UZ STREET ADDRESS STREET ADDRESS VINCTON YEOVIL, SOMERSET CITY-ST-ZIP CITY-ST-7IP ENGLAND, UK, TITLE TITLE ☐ Change ☐ Addition ☐ Delete FORNELL, GORDON E NAME STREET ADDRESS STREET ADDRESS 202 BAYWIND DRIVE CITY-ST-ZIP NICEVILLE, FL 325784802 CITY-ST-ZIP Detete TITLE TITLE ☐ Change ☐ Addition CAUDLE, JIM NAME NAME STREET ADDRESS 13501 INGENUITY DRIVE, STE. 204 STREET ADDRESS ORLANDO, FL 32826 CITY-ST-ZIP CITY-ST-ZIP TITLE - Delete -TITLE CAMPBELL, C NAME NAME STREET ADDRESS 13501, INGENUITY DRIVE, STE. 204 STREET ADDRESS ORLANDO, FL 328263008 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 ardress) with all other like empowered. OR PRINTED NAME OF SIGNING O

**FILED** 

Jan 11, 2005 8:00 am