


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000002050

1. Entity Name
AIB INVESTMENT MANAGERS LIMITED CO.



Principal Place of Business C/O ALLIED IRISH BANK 405 PARK AVENUE NEW YORK, NY 10022	Mailing Address C/O ALLIED IRISH BANK 405 PARK AVENUE NEW YORK, NY 10022
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03152006 No Chg-P CR2E034 (11/05)

4. FEI Number 13-3787107	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP LECKRONE, JANINE 405 PARK AVENUE NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARKEY, NIALL 7 CLARINDA HOUSE CLARINDA PARK WEST DUN LAOGHAIRE DUBLIN IRELAND.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD FITZPATRICK, EILEEN 2 HERBERT COURT SANDYMOUNT AVENUE DUBLIN IRELAND.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOYLE, JAMES COLM 36 THORNABY LAWNS HOWTH DUBLIN IRELAND.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORCORAN, KIERAN PATRICK GROVE HOUSE GROVE AVENUE BLACKROCK DUBLIN IRELAND.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLAN, MARTINA 17 ULLSWATER 53 PUTNEY HILL LONDON SW15 6RY ENGLAND.

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04/12/06-80062-013 150.00

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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: Janine Leckrone Date: 03/22/06 Daytime Phone #: 212 575 6812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR