2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P00000092394

1. Entity Name AIR I AM, INC.

Principal Place of Business

9770 LAGO DRIVE BOYNTON BEACH, FL 33437 Mailing Address

9770 LAGO DRIVE

BOYNTON BEACH, FL 33437

FILED Apr 19, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04172006 No Chg-P CR2E034 (11/05)

65-1049736

4. FEI Number

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDSTEIN, MICHAEL

DO NOT WRITE

BOYNTON BEACH, FL 33437				IN THIS SPACE		
	named entity submits this statement for the plions of registered agent.	urpose of changing its re-	gistered office or a	egistered agent, or both	, in the State of Florida. I am familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent and offer	Lapplicative. (NOTE P	legistered Agent signatur	e required when reinstating)	gaid.	
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS		:	1	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	D GOLDSTEIN, MICHAEL 9770 LAGO DRIVE BOYNTON BEACH, FL 33437				U00000520489 05/02/06-80093-024	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOLDSTEIN, LESLIE 97750 BOCA GARDENS CIRCLE NORTH BOCA RATON, FL 33434				,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE					
TITLE NAME STREET ADDRESS GITY-ST-ZIP				IN T	HIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filling 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 507, 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.

CITY-ST-ZIP

SIGNATURE: Mucha SIGNATURE AND TYPED OR FEDITED NAME OF SIGNING OFFICER OR DIRECTOR