2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90219 025 ***150.00

DOCUMENT # P05000017690

1. Entity Name
AMERICAN INFRASTRUCTURE TECHNOLOGIES CORPORATION

Principal Place of Business	Mailing Address
9019 LAUREL RIDGE DRIVE MOUNT DORA, FL 32757	9019 LAUREL RIDGE DRIVE MOUNT DORA, FL 32757

20035952

01092006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
905 2ND AVE. S.W.	905 2ND AVE. S.W.
Suite, Apt. #, etc.: SUITE C	Suite, Apt. #, etc.: SUITE C
City & State: CULLMAN, AL	City & State: CULLMAN, AL
Zip: 35055 Country: USA	Zip: 35055 Country: USA

4. FEI Number 37-1505727 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STONE, LEWIS W ESQUIRE
4850 NORTH HIGHWAY 19A
MOUNT DORA, FL 32757

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 the obligations of registered agent.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P GIDDENS, KENNETH E 501 9TH STREET S.E. CULLMAN, AL 35055	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TIMOTHY R. BIXLER 3752 TREWITHAN LANE CARMEL, IN 46032	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: KENNETH GIDDENS 256-739-4747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #