2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004
Secretary of State

DOCUMENT# N96000004820

Entity Name: ADJUTANT INTERNATIONAL DEVELOPMENT (AID), INC.

Current Principal Place of Business:

27951 NEW YORK ST
SUITE 15
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

P O BOX 2741
NAPLES, FL 34106

New Mailing Address:

FEI Number: 59-3468726 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MITCHELL, DAVID J
27951 NEW YORK ST. # 15
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	TP	( ) Delete
Name:	MITCHELL, DAVID J	
Address:	27951 NEW YORK ST #15	
City-St-Zip:	BONITA SPRINGS, FL 341355	
Title:	TVP	( ) Delete
Name:	MASCO, FRED	
Address:	27951 NEW YORK ST #	
City-St-Zip:	BONITA SPRINGS, FL 34135	
Title:	ST	( ) Delete
Name:	GALVIN, DANIEL	
Address:	4765 ESTERO BLVD	
City-St-Zip:	FORT MYERS BEACH, FL 33931	
Title:	VM	( ) Delete
Name:	SUSSDORFF, MICHAEL	
Address:	546 109TH AVE N	
City-St-Zip:	NAPLES, FL 34108	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID J. MITCHELL PRES 09/08/2004
Electronic Signature of Signing Officer or Director — Date