

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000003356

**Entity Name:** AEI OF DELAWARE, INC.

**Current Principal Place of Business:**

5850 T.G. LEE BLVD.  
STE 260  
ORLANDO, FL 32822-4411

**Current Mailing Address:**

5850 T.G. LEE BLVD.  
STE 260  
ORLANDO, FL 32822-4411 US

**FEI Number:** 59-3575309

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title P  
Name KEEFE, ANDREW  
Address 5850 T.G. LEE BLVD, STE 260  
City-State-Zip: ORLANDO FL 32822-4411

Title VP  
Name PROBERT, MARK  
Address 5850 T.G. LEE BLVD. STE 260  
City-State-Zip: ORLANDO FL 32822-4411

Title FD  
Name TORTOLANO, PAUL  
Address ALVINGTON  
City-State-Zip: YEOVIL SOMERSET BA228-UZ

Title BD  
Name MORGAN, ADAM  
Address ALVINGTON  
City-State-Zip: YEOVIL SOMERSET BA228-UZ

*I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANDREW KEEFE

**PRESIDENT**

**02/10/2014**

Electronic Signature of Signing Officer/Director Detail

Date