## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 439412** 

Title:

Name:

Address:

City-St-Zip:

FILED Mar 17, 2005 Secretary of State

Entity Nar	me: AIM MAN.	AGEMENT CORP.				
Current Principal Place of Business:				New Principal Place of Business:		
SUITE 407	/EDERE RD 'S LM BEACH, FL	. 33406				
Current Mailing Address:				New Mailing Address:		
SUITE 407	/EDERE RD 'S LM BEACH, FL	. 33406				
FEI Number: 59-1542813 FEI Number Applied For ( ) FEI			FEI Nun	umber Not Applicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
#407 SOU	/EDERE ROAL					
	named entity s e of Florida.	submits this statement for th	ne purpose o	f changing i	ts registered	d office or registered agent, or both,
SIGNATUR	RE:					
Electronic Signature of Registered Agent				Date		
Election Car	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	MEYER, WILLI	RE ROAD #407 S		Title: Name: Address: City-St-Zip:	MEYER, WIL 1601 BELVE	(X) Change ( ) Addition LIAM P DERE ROAD #407 S I BEACH, FL 33406 US
Title: Name: Address: City-St-Zip:	MEYER, GAIL,	Delete RE ROAD #407 S EACH, FL		Title: Name: Address: City-St-Zip:	ASARCH, GA 1601 BELVE	(X) Change()Addition AIL T, S DERE ROAD #407 S I BEACH, FL 33406 US
Title: Name: Address: City-St-Zip:	MEYER, SYDE	RE RD SUITE 407 SOUTH		Title: Name: Address: City-St-Zip:	MEYER, SYI 1601 BELVE	(X) Change () Addition DELLE C DERE RD SUITE 407 SOUTH ACH, FL 33406 US

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

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: GAIL ASARCH T, S 03/17/2005

() Delete

( ) Change (X) Addition

1601 BELVEDERE ROAD, SUITE 407 SO.

WEST PALM BEACH, FL 33406 US

MEYER, ARTHUR I CHAIR É