

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000002670

1. Entity Name  
AMERICAN INTERNATIONAL FINANCIAL CORP.



Principal Place of Business  
11617 INNFIELDS DRIVE  
ODESSA, FL 33556

Mailing Address  
11617 INNFIELDS DRIVE  
ODESSA, FL 33556

FILED  
06 APR 27 AM 11:03

FLORIDA STATE  
ODESSA, FLORIDA

**DO NOT WRITE IN THIS SPACE**

01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 88-0435671	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BLANTON, MARK E  
11617 INNFIELDS DRIVE  
ODESSA, FL 33556

**DO NOT WRITE  
IN THIS SPACE**

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

TITLE CPST  
NAME BLANTON, MARK E  
STREET ADDRESS 11617 INNFIELDS DRIVE  
CITY-ST-ZIP ODESSA, FL 33556

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

300074148543  
05/08/06--01015--001 \*\*300.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/06 8:39:20  
-1081

Date

Daytime Phone #