



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90325 034 ***150.00

DOCUMENT # F02000002670			
1. Entity Name AMERICAN INTERNATIONAL FINANCIAL CORP.			
Principal Place of Business 11617 INNFIELD DRIVE ODESSA, FL 33556		Mailing Address 11617 INNFIELD DRIVE ODESSA, FL 33556	
2. Principal Place of Business - No P.O. Box # 8108 Old Hixon Rd		3. Mailing Address 8108 Old Hixon Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33626	Country USA	Zip 33626	Country USA
6. Name and Address of Current Registered Agent BLANTON, MARK E 11617 INNFIELD DRIVE ODESSA, FL 33556		7. Name and Address of New Registered Agent Name MARK BLANTON Street Address (P.O. Box Number is Not Acceptable) 8108 Old Hixon Rd City Tampa FL Zip Code 33626	
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  Mark Blanton DATE 4-3-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	CPST BLANTON, MARK E 11617 INNFIELD DRIVE ODESSA, FL 33556 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPST BLANTON, MARK E. 8108 Old Hixon Rd Tampa FL 33626 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANTON, HENRY JR 1626 WOODBERRY DR CHARLOTTE, NC 28212 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BLANTON, HENRY JR 1626 Woodberry Charlotte, NC 28212 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Mark Blanton** **4-3-08** **813 920-1031**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #