

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000499

Entity Name: AIFD, INC.

FILED
Mar 09, 2009
Secretary of State

Current Principal Place of Business:

756 S CODY ROAD
LECLAIRE, IA 52753

New Principal Place of Business:

1408 NW 7TH PL
CAPE CORAL, FL 33993

Current Mailing Address:

2033 SE 27TH TER
CAPE CORAL, FL 33904

New Mailing Address:

2033 SE 27TH TERRACE
CAPE CORAL, FL 33904

FEI Number: 42-1480800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GEARING, HELEN E
2033 SE 27TH TERR
CAPE CORAL, FL 33904 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: GEARING, HELEN E
Address: 2033 SE 27TH TER
City-St-Zip: CAPE CORAL, FL 33904

Title: VC () Delete
Name: KRUSE, JASON J
Address: 756 S CODY ROAD
City-St-Zip: LECLAIRE, IA 52753

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VC (X) Change () Addition
Name: KRUSE, JASON J
Address: 1408 NW 7TH PL
City-St-Zip: CAPE CORAL, FL 33993

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: HELEN E. GEARING

PC

03/09/2009

Electronic Signature of Signing Officer or Director

Date