

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005661

FILED
Apr 29, 2008
Secretary of State

Entity Name: AIM FINANCIAL GROUP, INC OF MARYLAND

Current Principal Place of Business:

15819 CRABBS BRANCH WAY
ROCKVILLE, MD 208552635

New Principal Place of Business:

Current Mailing Address:

15819 CRABBS BRANCH WAY
ROCKVILLE, MD 208552635

New Mailing Address:

FEI Number: 52-2236430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINONES, JESSICA A
17275 COLLINS AVE
STE 508
SUNNY ISLES BEACH, FL 33160 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: QUINONES, MANUEL A
Address: 6704 SWEETWATER DR
City-St-Zip: DERWOOD, MD 20855

Title: VCVP () Delete
Name: BILLIARD, PAUL T.
Address: 1523 MAIN ST
City-St-Zip: WELLSBURG, WV 260702635

Title: TD () Delete
Name: QUINONES, MICHAEL P
Address: 6704 SWEETWATER DR
City-St-Zip: DERWOOD, MD 20855

Title: SD () Delete
Name: BILLIARD, PAUL T.
Address: 1523 MIAN ST
City-St-Zip: WELLSBURG, WV 26070

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: MANUEL A. QUINONES

PRES

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date