2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# F23634

Entity Name: AMERICAN ASSURANCE INTERNATIONAL CORPORATION

Current Principal Place of Business:

7001 SW 97TH AVE
2ND FLOOR
MIAMI, FL 33173 US

New Principal Place of Business:

8770 SUNSET DRIVE
531
MIAMI, FL 33173 US

Current Mailing Address:

7001 SW 97TH AVE
2ND FLOOR
MIAMI, FL 33173 US

New Mailing Address:

8770 SUNSET DRIVE
531
MIAMI, FL 33173 US

FEI Number: 59-2134475 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARRICARTE, MICHAEL A
7001 SW 97TH AVE
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

CARRICARTE, MICHAEL A
8770 SUNSET DRIVE
531
MIAMI, FL 33173 US

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: MICHAEL CARRICARTE 04/25/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CARRICARTE, MICHAEL, A
Address: 7001 SW 97TH AVE
City-St-Zip: MIAMI, FL

Title: V ( ) Delete
Name: CARRICART, MICHAEL,, L
Address: 7001 SW 97TH AVE
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CARRICARTE, MICHAEL, A
Address: 8770 SUNSET DRIVE 531
City-St-Zip: MIAMI, FL 33173

Title: V (X) Change ( ) Addition
Name: CARRICART, MICHAEL,, L
Address: 8770 SUNSET DRIVE 531
City-St-Zip: MIAMI, FL 33173

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL CARRICARTE PD 04/25/2006
Electronic Signature of Signing Officer or Director Date