


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90006 013 ***150.00

DOCUMENT # G04245 1. Entity Name AMERICAN INTERHEALTH, INC.	
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Principal Place of Business 2501-D SAND TRAP LANE MELBOURNE, FL 32935	Mailing Address 2501-D SAND TRAP LANE MELBOURNE, FL 32935
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DO NOT WRITE IN THIS SPACE



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2239388	Applied For <input type="checkbox"/> 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

**JONES, ALICE M
2501 SAND TRAP LN
APT D
MELBOURNE, FL 32935**

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT JONES, ALICE M 2501-D SAND TRAP LANE MELBOURNE, FL 32935
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Alice M Jones Pres **ALICE M JONES** **2-17-05** **321-725-6588**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2nd copy