2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J55235

1. Entity Name
AIP DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
976 LAKE BALDWIN LANE STE 202	976 LAKE BALDWIN LANE STE 202
ORLANDO, FL 32814	108 WYMORE RD.
	ORLANDO, FL 32814

DO NOT WRITE IN THIS SPACE

40099088

05012007   No Chg-P   CR2E034 (11/05)

4. FEI Number
59-2856993

Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHAVEE, GONZALEZ E
976 LAKE BALDWIN LANE
ORLANDO, FL 32814

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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 _____ E. Gonzalez-Chavez ___ may 1/07
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GONZALEZ, CHAVEZ E
STREET ADDRESS	976 LAKE BALDWIN LANE STE 202
CITY-ST-ZIP	ORLANDO, FL 32817

TITLE	STD
NAME	BROWN, KIMBERLY
STREET ADDRESS	976 LAKE BALDWIN LANE STE 202
CITY-ST-ZIP	ORLANDO, FL 32817

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _____ E Gonzalez-Chavez ___ may 1/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #