

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # K04300

1. Entity Name  
A.I.M. COMPUTER SYSTEMS, INC.



**FILED  
Mar 18, 2005 8:00 am  
Secretary of State**

03-18-2005 90063 028 \*\*\*150.00

Principal Place of Business  
913 LEMON RD  
DAYTONA BEACH, FL 32119 US

Mailing Address  
913 LEMON RD  
DAYTONA BEACH, FL 32119 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number  
59-2923247

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SCALI, PATRICK L.  
913 LEMON RD  
S DAYTONA, FL 32119

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when translating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution:  \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE: DP  Delete  
NAME: SCALI, PATRICK  
STREET ADDRESS: 913 LEMON RD  
CITY-ST-ZIP: S DAYTONA, FL

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE: DVP  Delete  
NAME: SCALI, JOSEPH J.  
STREET ADDRESS: 667 DELORES DR  
CITY-ST-ZIP: NEW SMYRNA BEACH, FL 32168

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

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.

(386)

SIGNATURE:

*John J. L. Poroch L. Scali 3-14-05 253-9447*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #