2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 25, 2007 08:00 AM Secretary of State DOCUMENT # K73584 AMERICAN INTERNATIONAL AIRBOAT, INC. Principal Place of Business Mailing Address C/O CHARLES M. HARBOVE 5104 S. ORANGE AVENUE ORLANDO FL 32809 C/O CHARLES M. HARBOVE 5104 S. ORANGE AVENUE ORLANDO FL 32809 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3019555 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARBONE, CHARLES M Street Address (P.O. Box Number is Not Acceptable) 5104 S. ORANGE AVE. ORLANDO FL 32809 City 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, typod or printed name of registered agent and title it applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. □ Change Addition THE □ Delete ш REEL, RAMON K NAME NAME U00000729602 5104 S ORANGE AVE STREET LADDRESS STRUCT ADDRESS 05/08/07-80046-011 150.00 ORLANDO FL 32809 CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete HILE NAME NAMI: STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-7IP HHC Delete THE Change Addition NAMI. NAMI STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7IP THEF ☐ Delete ☐ Addition IIII ☐ Change NAME NAMI STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CITY-ST-ZIP Addition HILE ☐ Delete IME ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CHY-SI-7/P Addition IIILE ☐ Change Defete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

SIGNING OFFICER OR DIRECTOR

FILED

4-23-07 407 826 5373
Date Dayline Phone #