

FILED
Jul 11, 2008 8:00 am
Secretary of State

07-11-2008 90018 016 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # L91670 <small>1 Entity Name</small> AI COLLABORATIVE, INC					
<small>Principal Place of Business</small> 1901 E 7TH AVENUE TAMPA, FL 33605			<small>Mailing Address</small> 1901 E 7TH AVENUE TAMPA, FL 33605		
<small>2 Principal Place of Business - No P O Box #</small>		<small>3 Mailing Address</small>			
<small>Suite Apt # etc</small>		<small>Suite Apt # etc</small>			
<small>City & State</small>		<small>City & State</small>		<small>4 FEI Number</small> 59-3036039	
<small>Zip</small>		<small>Country</small>		<small>5 Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required	
<small>6. Name and Address of Current Registered Agent</small> YOUNG, LEIGH M 1901 E 7TH AVENUE TAMPA, FL 33605			<small>7. Name and Address of New Registered Agent</small> <small>Name</small> <small>Street Address (P O Box Number is Not Acceptable)</small> <small>City</small>		
<small>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.</small> <small>SIGNATURE</small> <i>Leigh M. Young</i> Leigh M. Young 7/7/08 <small>Signature (Typed or printed name of registered agent and date of registration) (NOTE: Registered Agent signature required when no return)</small>			<small>DATE</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008			<small>9 Election Campaign Financing Trust Fund Contribution</small> <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice		
<small>10 OFFICERS AND DIRECTORS</small>			<small>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</small>		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	D ALFONSO, CARLOS J 1705 N 16TH ST TAMPA, FL 33605	<input checked="" type="checkbox"/> <small>Delete</small>	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	PD YOUNG, LEIGH M 1901 E 7TH AVENUE TAMPA, FL 33605	<input type="checkbox"/> <small>Delete</small>	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	D ALFONSO, ALBERT E 1705 N 16TH ST TAMPA, FL 33605	<input checked="" type="checkbox"/> <small>Delete</small>	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	D DEL MONTE, ANGEL 1705 N 16TH ST TAMPA, FL 33605	<input checked="" type="checkbox"/> <small>Delete</small>	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	VPD WHALLEN, DONALD E 1901 E 7TH AVENUE TAMPA, FL 33605	<input type="checkbox"/> <small>Delete</small>	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	ST PUCKETT, MICHAEL M 1901 E 7TH AVENUE TAMPA, FL 33605	<input type="checkbox"/> <small>Delete</small>	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small>	
<small>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</small>					
SIGNATURE: <i>Leigh M. Young</i> Leigh M. Young 7/7/08 83 247-3332 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>DATE</small> 7/7/08 <small>Daytime Phone #</small> 83 247-3332		

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