2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# N00000000894

Entity Name: AID INTERNATIONAL, INC.

Current Principal Place of Business:

6157 NW 167TH AVE
F-14
HIALEAH, FL 33015

New Principal Place of Business:

Current Mailing Address:

P.O BOX 220691
WEST PALM BEACH, FL 33422 US

New Mailing Address:

FEI Number: 75-3085395 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ALIX, MARLAINE G
617 CHERRY ROAD
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	ALIX, MARLAINE G	
Address:	617 CHERRY ROAD	
City-St-Zip:	W PALM BEACH, FL 33409	
Title:	STD	( ) Delete
Name:	PIERRE, ERNST	
Address:	4170 BEAR LAKES COURT APT.204	
City-St-Zip:	WEST PALM BEACH, FL 33409	
Title:	D	( ) Delete
Name:	JEUNE, JOEL REV.	
Address:	114 THOMAS ROAD	
City-St-Zip:	HOLLYWOOD, FL 33023	
Title:	D	( ) Delete
Name:	MEME, BAPTISTE JEAN	
Address:	300 NW 135TH STREET	
City-St-Zip:	MIAMI, FL 33168	
Title:	VD	( ) Delete
Name:	SEJOUR, BERNARD	
Address:	1604 ORLEANS CIRCLE APT. 2 F	
City-St-Zip:	N.KANSAS CITY, MO 64116	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIE MARLAINE G.ALIX PD 04/29/2007

Electronic Signature of Signing Officer or Director — Date