2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005
Secretary of State

DOCUMENT# N01000002182

Entity Name: HIGHEST AIM INC.

Current Principal Place of Business:

151 MISSION RD.
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 620188
OVIEDO, FL 32762

New Mailing Address:

FEI Number: 59-3733405 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PERKINS, LARRY E
570 BENTLEY ST.
OVIEDO, FL 32765 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: VD ( ) Delete
Name: HARRISON, LARRY
Address: 700 FORESTGREEN CT
City-St-Zip: ORLANDO, FL 32828

Title: STD ( ) Delete
Name: GRANT, SHEILA
Address: 7360 BLAIR DR
City-St-Zip: ORLANDO, FL 32818

Title: PD ( ) Delete
Name: PERKINS, LARRY E
Address: 570 BENTLEY ST
City-St-Zip: OVIEDO, FL 32765

Title: D (X) Delete
Name: BROWN, JACKY
Address: 1013 GOULD PLACE
City-St-Zip: OVIEDO, FL 32765

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LARRY E. PERKINS PD 09/02/2005

Electronic Signature of Signing Officer or Director — Date