2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005
Secretary of State

DOCUMENT# N01000008673

Entity Name: AMERICA ISLAND MISSION INC.

Current Principal Place of Business:

320 NE 180TH DRIVE
NORTH MIAMI BEACH, FL 33162 17

New Principal Place of Business:

Current Mailing Address:

320 NE 180TH DRIVE
NORTH MIAMI BEACH, FL 33162 17

New Mailing Address:

FEI Number: 03-0383284 **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:

THERMIDOR, ELEONORE
320 NE 180TH DRIVE
NORTH-MIAMI BEACH, FL 33162 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: THERMIDOR, ELEONORE
Address: 320 NE 180TH DRIVE
City-St-Zip: N MIAMI BEACH, FL 33162

Title: TD ( ) Delete
Name: FOSTER, CAROL
Address: 320 NE 180TH DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: SD ( ) Delete
Name: BRYANT, IRMA
Address: 320 NE 180TH DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VD ( ) Delete
Name: MARCELIN, PRENEL
Address: 924OPNE 119TH ST.
City-St-Zip: MIAMI, FL 33168

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: ELEONORE THERMIDOR PD 05/05/2005

Electronic Signature of Signing Officer or Director — Date