## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000008408

FILED Mar 15, 2009 Secretary of State

Entity Name: AMERICAN ASSOCIATION OF ENVIRONMENTAL TECHNICIANS INC

urrent F	Principal Place of Business:	New Principal Place of Business:
	IDINGS RUN ACRES, FL 33413	
urrent N	Mailing Address:	New Mailing Address:
	IDINGS RUN ACRES, FL 33413	P. O. BOX 20434 WEST PALM BEACH, FL 33416
El Number	r: 56-2656244 FEI Number Applied For	) FEI Number Not Applicable ( ) Certificate of Status Desired (X)
lame and	d Address of Current Registered Age	nt: Name and Address of New Registered Agent:
INIVVAR		
188 LAŃ GREEN A	MAHMOOD IDINGS RUN ACRES, FL 33413 US	r the purpose of changing its registered office or registered agent, or both
188 LAŃ REEN A he above	IDINGS RUN ACRES, FL 33413 US	r the purpose of changing its registered office or registered agent, or both
188 LAŃ GREEN A he above n the Stat	IDINGS RUN ACRES, FL 33413 US e named entity submits this statement fo te of Florida. JRE:	
188 LAŃ REEN A he above the Stat	IDINGS RUN ACRES, FL 33413 US e named entity submits this statement fo te of Florida.	
188 LAN REEN A The above the Stat	IDINGS RUN ACRES, FL 33413 US e named entity submits this statement fo te of Florida. JRE:	r the purpose of changing its registered office or registered agent, or both, ed Agent Date  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
188 LAŃ REEN A he above i the Stat	IDINGS RUN ACRES, FL 33413 US  e named entity submits this statement for the of Florida.  JRE: Electronic Signature of Registere RS AND DIRECTORS:  PD () Delete ANWAR, MAHMOOD 1188 LANDINGS RUN	ed Agent Date
188 LAN REEN A he above the Stat IGNATU  PFFICER tte: ame: ddress:	IDINGS RUN ACRES, FL 33413 US  e named entity submits this statement for the of Florida.  JRE:  Electronic Signature of Registers  RS AND DIRECTORS:  PD () Delete ANWAR, MAHMOOD 1188 LANDINGS RUN GREEN ACRES, FL 33413  ST () Delete ALICEA, MARIA 1188 LANDINGS RUN	ed Agent Date  ADDITIONS/CHANGES TO OFFICERS AND DIRECTO  Title: ( ) Change ( ) Addition  Name: Address:

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: MAHMOOD ANWAR PD 03/15/2009