2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008293

FILED Mar 22, 2009 Secretary of State

Entity Name: AID FOR EDUCATION ARTS AND AGRICULTURE, INC.

Current Principal Place of Business:			New Principal Place of Business:	
UITE #6	CAYNE BLVD 13 FL 33181			
Current Mailing Address:			New Mailing Address:	
14030 BISCAYNE BLVD SUITE #613 N MIAMI, FL 33181		1019 LAKE ST. ELMIRA, NY 14901		
El Numbei	r: 80-0233928	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
	S STREET SSEE, FL 323	01 US		
	e named entity : e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or bo
the Stat	e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or bo
the Stat	e of Florida. RE:	submits this statement for the particles of Registered Ag		ed office or registered agent, or bo Date
the Stat	e of Florida. RE:	ic Signature of Registered Ag	ent	
the Stat IGNATU FFICER tle: ame: ddress:	e of Florida. RE: Electror S AND DIREC	nic Signature of Registered Ag TORS: Delete HOMAS E CEO CFO #D	ent	Date
the Stat	Electror S AND DIREC P BROCKWAY, T 1019 LAKE ST, ELMIRA, NY 1	TORS: Delete HOMAS E CEO CFO #D 1 Delete EVEN	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECT
the Stat IGNATU PFFICER ttle: ame: ddress: ity-St-Zip: ttle: ame: ddress:	E of Florida. RE: Electror S AND DIREC P () BROCKWAY, T 1019 LAKE ST, ELMIRA, NY 1: S () ROBERTS, STE 1019 LAKE ST ELMIRA, NY 1:	TORS: Delete HOMAS E CEO CFO #D 4901 Delete EVEN Delete BHAWN	ent ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date SES TO OFFICERS AND DIRECT () Change () Addition

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: OSSIE RANDLE JR VP 03/22/2009