

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000178

FILED
Sep 07, 2007
Secretary of State

Entity Name: AIDS ACTION INTERNATIONAL, INC.

Current Principal Place of Business:

P.O. BOX 17835
CLEARWATER, FL 33762 US

New Principal Place of Business:

2240 BELLEAIR RD
120
CLEARWATER, FL 33764 US

Current Mailing Address:

P.O. BOX 17835
CLEARWATER, FL 33762 US

New Mailing Address:

FEI Number: 59-3176991 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:

WEISS, FRANK C
1823 SUNRISE BLVD.
CLEARWATER, FL 33760 US

Name and Address of New Registered Agent:

WEISS, FRANK C
2240 SUNRISE BLVD
120
CLEARWATER, FL 33764 US

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: FRANK WEISS

09/07/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOPE, HANK
Address: 6709 COBRE AZUL AVE 202
City-St-Zip: LAS VEGAS, NV 89118

Title: D () Delete
Name: BECKLEY, DOUGLAS S
Address: 7500 W. LAKEMead BLVD., # 9-490
City-St-Zip: LAS VEGAS, NV 89128

Title: T () Delete
Name: TUCKER, TARA
Address: 7612 DUCHARME AVE
City-St-Zip: LAS VEGAS, NV 89145

Title: D () Delete
Name: MERFY, MARGARET L
Address: 7017 ENGLISH MIST CIRCLE
City-St-Zip: LAS VEGAS, NV 89128

Title: P () Delete
Name: PREAS, REV., BARBARA J
Address: 6475 MONDELL PINE CIRCLE
City-St-Zip: LAS VEGAS, NV 89146

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: BARBARA PREAS

P

09/07/2007

Electronic Signature of Signing Officer or Director

Date