

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000768

FILED
Mar 21, 2009
Secretary of State

Entity Name: AIDING-AIDS, INC.

Current Principal Place of Business:

10170 NW 3RD ST
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

10170 NW 3RD ST
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 65-0726729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBERTSON, WINSOME
10170 NW 3RD ST
PEMBROKE PINES, FL 33026 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: ROBERTSON, WINSOME
Address: 10170 NW 3RD ST
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VD () Delete
Name: FARQUHARSON, DONALD
Address: 8647 BLAZE CT
City-St-Zip: DAVIE, FL 33328

Title: STD () Delete
Name: BARNETT, LOCKSLEY
Address: 10170 NW 3RD STREET
City-St-Zip: PEMBROKE PINES, FL 33026

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:

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: WINSOME ROBERTSON

PRES

03/21/2009

Electronic Signature of Signing Officer or Director

Date