2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000407

Entity Name: AIASOUTHFL, INC.

FILED Sep 15, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3777 NW 78TH AVE P.O. BOX 912

ALACHUA, FL 32616 #4-H

HOLLYWOOD, FL 330248345

New Mailing Address: Current Mailing Address:

3777 NW 78TH AVE P.O. BOX 912

#4-H ALACHUA, FL 32616

HOLLYWOOD, FL 330248345

FEI Number: 65-0774433 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:

CONNER, SUZANNE CONNER, SUZANNE 3777 NE 78TH AVE P.O. BOX 912

ALACHUA, FL 32616 US #4-H

HOLLYWOOD, FL 330248345 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: SUZANNE CONNER 09/15/2004

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

GIVEN, GARY SOLTIS, SHEILA Name: Name: 4260 NE 22 AVE Address: 9730 NW 76 CT Address: City-St-Zip: LIGHT HOUSE, FL 33064 City-St-Zip: TAMARAC, FL 33321

Title: VPD () Delete Title: (X) Change () Addition

Name: JONES, ELEANORE Name: SPEARS, MARILYN Address: 8740 NE 20TH COURT Address: 4200 NW 3RD CT. #329 City-St-Zip: SUNRISE, FL 33322 City-St-Zip: PLANTATION, FL 33317

Title: STD () Delete Title: (X) Change () Addition

CONNER, SUZANNE Name: CONNER, SUZANNE Name: P.O. BOX 912 (15400 NW 180 AVE NO MAIL) Address: 3777 NW 78TH AVE #4-H Address:

City-St-Zip: HOLLYWOOD, FL 33024 City-St-Zip: ALACHUA, FL 32616

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: SUZANNE CONNER STD 09/15/2004