2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000020935

Entity Name: AMERICAN INTERLOCKING PAVERS, INC.

FILED Apr 15, 2006 Secretary of State

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

300 N. HASTINGS ST. 17425 CRICKET CHIRP LOOP ORLANDO, FL 32835 US

Current Mailing Address: New Mailing Address:

300 N. HASTINGS ST. 17425 CRICKET CHIRP LOOP ORLANDO, FL 32835 ORLANDO, FL 32835

FEI Number: 59-3702011 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:

ACCOUNT BOOKKEEPING CORP 5950 LAKEHURST DR 246 ORLANDO, FL 32819 US LARSON, CAROLINE 8818 COMMODITY CIR STE 40 ORLANDO, FL 32819 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: CAROLINE LARSON 04/15/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 PAULA, AMILTON D
 Name:
 PAULA, AMILTON D

 Address:
 300 N. HASTINGS ST.
 Address:
 17425 CRICKET CHIRP LOOP

Address: 300 N. HASTINGS ST. Address: 17425 CRICKET CHIRP LOOP
City-St-Zip: ORLANDO, FL 32835 US City-St-Zip: LAND O LAKES, FL 34638 US
Title: VP () Delete Title: VP (X) Change () Add

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

 Name:
 PAULA, ROSIVAL S
 Name:
 PEREIRA FRANCO, JOEL

 Address:
 300 N. HASTINGS ST
 Address:
 17425 CRICKET CHIRP LOOP

 City-St-Zip:
 ORLANDO, FL 32835 US
 City-St-Zip:
 LAND O LAKES, FL 34638 US

() Delete Title: Title: (X) Change () Addition SOUZA, GLECIO F PAVON, CLEITON DANIEL Name: Name: 300 N. HASTINGS ST 17425 CRICKET CHIRP LOOP Address: Address: City-St-Zip: ORLANDO, FL 32835 US City-St-Zip: LAND O LAKES, FL 34638 US

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMILTON DE PAULA DP 04/15/2006