## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000066083

Entity Name: AMERICAN AEROMOTIVE CORPORATION

FILED Feb 26, 2011 Secretary of State

Current Mailing Address:  New Mailing Address:  7335 PARK AVENUE MT. HEALTHY, OH 45231  FEI Number: 05-0565390 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:  SCHUMER, KARL J ESQ.  120 NE 179TH STREET MIAMI, FL 331621017 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bo in the State of Florida.	Current Principal Place of Business:		New Principal Place of Business:		
7335 PARK AVENUE MT. HEALTHY, OH 45231  FEI Number: 05-0565390 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )	7335 PARK AVENUE MT. HEALTHY, OH 452	31			
MT. HEALTHY, OH 45231  FEI Number: 05-0565390 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:  SCHUMER, KARL J ESQ. 120 NE 179TH STREET MIAMI, FL 331621017 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bo in the State of Florida.	Current Mailing Address:		New Mailing Address:		
Name and Address of Current Registered Agent:  SCHUMER, KARL J ESQ. 120 NE 179TH STREET MIAMI, FL 331621017 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or boin the State of Florida.		31			
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120 NE 179TH STREET MIAMI, FL 331621017 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bo in the State of Florida.	Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
in the State of Florida.	120 NE 179TH STREET				
SIGNATURE:		submits this statement for the p	ourpose of changing its registered	d office or registered agent, or bot	
	SIGNATURE:				
Electronic Signature of Registered Agent Date	Electronic Signature of Registered Agent		ent	Date	

## OFFICERS AND DIRECTORS:

Title: [

Name: SAWYER, DAVID
Address: 7335 PARK AVENUE
City-St-Zip: MT. HEALTHY, OH 45231

I hereby 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 all other like empowered.

SIGNATURE: DAVID SAWYER PRES 02/26/2011