## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000132534

Entity Name: AIM CONCEPTS, INC

City-St-Zip:

ORLANDO, FL 32806

FILED Apr 27, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 7200 ALOMA AVENUE 309 CRANES ROOST BOULEVARD SUITE 2000 SUITE F WINTER PARK, FL 32792 ALTAMONTE SPRINGS, FL 32701 **Current Mailing Address: New Mailing Address:** 309 CRANES ROOST BOULEVARD 7200 ALOMA AVENUE SUITE F SUITE WINTER PARK, FL 32792 ALTAMONTE SPRINGS, FL 32701 FEI Number: 03-0504366 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: FLOYD, JODI S 128 ROANN DRIVE OVIEDO, FL 32765 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition FLOYD, JODI Name: Name: 128 ROANN DR Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: Title: Title: () Delete () Change () Addition HOLTVEDT, JAMES Name: Name: 1662 POSSUM LANE Address: Address: GREENVILLE, NC 27834 City-St-Zip: City-St-Zip: Title: ( ) Delete Title: () Change () Addition HOLTVEDT, JAMES Name: Name: 1662 POSSUM LANE Address: Address: City-St-Zip: GREENVILLE, NC 27834 City-St-Zip: Title: () Delete Title: () Change () Addition ENGLEMAN, GREG Name: Name: Address: 1829 KALURNA COURT Address:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JODI S. FLOYD VP 04/27/2005