
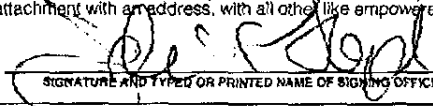


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000132534		
1. Entity Name AIM CONCEPTS, INC.		
Principal Place of Business 309 CRANES ROOST BOULEVARD SUITE 2000 ALTAMONTE SPRINGS, FL 32701	Mailing Address 309 CRANES ROOST BOULEVARD SUITE ALTAMONTE SPRINGS, FL 32701	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FLOYD, JODI S 128 ROANN DRIVE OVIEDO, FL 32765		
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature: typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FLOYD, JODI 128 ROANN DR OVIEDO, FL 32765	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HOLTVEDT, JAMES 1662 POSSUM LANE GREENVILLE, NC 27834	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HOLTVEDT, JAMES 1662 POSSUM LANE GREENVILLE, NC 27834	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ENGLEMAN, GREG 1829 KALURNA COURT ORLANDO, FL 32806	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



03172006 No Chg-P CR2E034 (11/05)

4. FEI Number
03-0504366

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

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IN THIS SPACE**

04/11/06 20005-013 150.00

3/28/06 **407 699 9011**

Date

Daytime Phone #