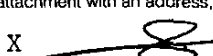


FILED
Mar 14, 2006 8:00 am
Secretary of State

[illegible]

DOCUMENT # P03000101501 1. Entity Name AMERICAN EVENTS & INCENTIVES, INC.		Secretary of State 03-14-2006 90030 030 ***150.00	
Principal Place of Business 9186 GREEN MEADOWS WAY PALM BEACH GARDENS, FL 33418		Mailing Address C/O COMPUKEEPER INC. 1446 NW 2ND AVE STE 105 BOCA RATON, FL 33432	
2. Principal Place of Business		3. Mailing Address c/o CompuKeeper Inc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 2298 NW 2nd Ave. #20	
City & State		City & State Boca Raton, FL	
Zip	Country	Zip	Country
33431	USA	33431	USA
6. Name and Address of Current Registered Agent HAMON-BANKIR, ELISABETH 9186 GREEN MEADOWS WAY PALM BEACH GARDENS, FL 33418		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMON-BANKIR, ELISABETH 9186 GREEN MEADOWS WAY PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: X  Elisabeth Hamon-Bankir, Pr		2/6/06 561-329-1150	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	