## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Jul 05, 2007 08:00 AM Secretary of State **DOCUMENT # P04000101375** AMERICAN INGENUITY BUILDERS, INC. Principal Place of Business Mailing Address 8777 HOLIDAY SPRINGS RD 8777 HOLIDAY SPRINGS RD RODKLEDGE, FL 32955 RODKLEDGE, FL 32955 06292007 No Cho-P CR2E034 (11/05) Applied For 4. FEI Number 03-0545917 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BUSICK, MICHAEL 3500 HARLOCK MELBOURNE, FL 32934 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 14, 2007 10. OFFICERS AND DIRECTORS D TITLE **BUSICK, MICHAEL** NAME STREET ADDRESS 3500 HARLOCK CITY-SI-ZP MELBOURNE, FL 32934 U00000767229 07/06/07-80005-021 550.Q0 THEF NAME STREET ADDRESS CITY-ST-7P TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS (NY-ST-ZP TILE MME STREET ADDRESS CAY-ST-ZIP អ្នក E NAME STREET ADDRESS CRY-ST-ZP 12. I hereby certify that the information supplied with this filling 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.

**FILED** 

Daysime Phone #