2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 02, 2007 8:00 am Secretary of State **DOCUMENT # P04000113324** 04-02-2007 90083 028 ***150.00 AMERICAN INTERNATIONAL COMMUNICATIONS, INC. 40046747 Mailing Address Principal Place of Business 14241 60TH STREET N 601 JEFFERSON DAVIS HWY CLEARWATER, FL 33760 STE 201 FREDERICKSBURG, VA 22401 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1668 N. Hercules Ave Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01052007 Chg-P City & State 4. FEI Number Applied For learwater 51-0527665 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DRAKEFORD, WALTER Street Address (P.Q. Box Number is Not Acceptable) 14241 60TH STREET N CLEARWATER, FL 33760 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 agen-WALTER DRAKFORD <u>3.30-07</u> SIGNATURE: Signature, pued or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. D Pres Dir Change . Addition TITLE Di Delete Abram, WILLIAM DRAKEFORD, WALTER NAME NAME Ave Unit E 1668 N. Hercules 14241 60TH STREET N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33760 CITY-ST-ZIP Clearwater, FL 33765 Delete Change Addition TITLE TITLE INGLIMA, JEROLD NAME NAME STREET ADDRESS 14241 60TH STREET N STREET ADDRESS CITY - ST-ZIP CLEARWATER, FL 33760 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME MANIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

3.30-07

Daytime Phone #