

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000113324

FILED  
May 01, 2009  
Secretary of State

Entity Name: AMERICAN INTERNATIONAL COMMUNICATIONS, INC.

**Current Principal Place of Business:**

1668 N HERCULES AVE  
UNIT E  
CLEARWATER, FL 33765

**New Principal Place of Business:**

**Current Mailing Address:**

601 JEFFERSON DAVIS HWY  
STE 201  
FREDERICKSBURG, VA 22401

**New Mailing Address:**

FEI Number: 51-0527665

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DRAKEFORD, WALTER  
1668 N. HERCULES AVE  
UNIT E  
CLEARWATER, FL 33765 US

**Name and Address of New Registered Agent:**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ABRAM, WILLIAM  
Address: 1668 N HERCULES AVE UNIT E  
City-St-Zip: CLEARWATER, FL 33765

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: WILLIAM P. ABRAM

PD

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date