


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90048 043 \*\*\*158.75

<b>DOCUMENT # P05000003236</b>	
1. Entity Name <b>AIM LEADERSHIP RESOURCES, INC.</b>	

Principal Place of Business <b>1515 NORTH FEDERAL HIGHWAY STE 300 BOCA RATON, FL 33432</b>	Mailing Address <b>1515 NORTH FEDERAL HIGHWAY STE 300 BOCA RATON, FL 33432</b>
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2. Principal Place of Business - No P.O. Box # <b>4809 S. Military Trail</b>	3. Mailing Address <b>4809 S. Military Trail</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Greenacres, FL</b>	City & State <b>Greenacres, FL</b>
Zip <b>33463</b>	Country <b>US</b>
Country <b>US</b>	Zip <b>33463</b>



04172007 Chg-P CR2E034 (12/06)

4. FEI Number <b>68-0602290</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DANIELS, LISA L ESQ. 123 N.W. 13TH STREET EXEC. SUITE 304-12 BOCA RATON, FL 33342</b>	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
State <b>FL</b> 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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST SYLVAIN, ALFRED C 535 FANSHAW M BOCA RATON, FL 33434</b> <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:**  **4.18.07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #