2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000031102

Entity Name

AMERICAN INVESTMENTS OF BREVARD, INC.



Principal Place of Business

784 ARABIA RD. SE PALM BAY, FL 32909 Mailing Address

P.O. BOX 2051

MELBOURNE, FL 32902

FILED Feb 12, 2007 8:00 am Secretary of State

02-12-2007 90084 006 ***150.00

40014121



DO NOT WRITE IN THIS SPACE

01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2436381

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUIDONE, ANTHONY C 784 ARABIA RD. SE PALM BAY, FL 32909

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pitions of registered agent.	urpose of changing its registered	office or i	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	MOTE DAY			our_
	Signature, typed or printed name or registered agent and title in	rapplicable (NUTE Registered A	igent signatur	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financi Trust Fund Contribution	ng 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GUIDONE, ANTHONY C 784 ARABIA RD. SE PALM BAY, FL 32909				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

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.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME O

ANTHONY C GUIDONE

02/08/07

321-302-9972

Daytime Phone #