2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000105217

Entity Name: AIA ORLANDO BOOKSTORE CORPORATION

Current Principal Place of Business:	**New Principal Place of Business:**
930 WOODCOCK ROAD SUITE 226 ORLANDO, FL 32803	

Current Mailing Address:	**New Mailing Address:**
930 WOODCOCK ROAD SUITE 226 ORLANDO, FL 32803	

FEI Number: 55-0907114   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
YERGEY, DAVID A JR 211 N MAGNOLIA AVENUE ORLANDO, FL 32801 US	JONES, KAREN D 930 WOODCOCK ROAD, SUITE 226 ORLANDO, FL 32801 US

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: KAREN D. JONES   01/16/2012

_____Electronic Signature of Registered Agent_____Date_____

OFFICERS AND DIRECTORS:

Title: D
Name: WOLF, HANK
Address: 1035 SILVER PALM LANE
City-St-Zip: MAITLAND, FL 32751

Title: D
Name: REEP, RICHARD
Address: 2815 NORRIS AVE.
City-St-Zip: WINTER PARK, FL 32789

Title: D
Name: STOCK, GREG
Address: 145 LINCOLN AVE
City-St-Zip: WINTER PARK, FL 32789

Title: D
Name: EGLESTON, ROBERT
Address: 4700 MILLENIA BLVD., SUITE 550
City-St-Zip: ORLANDO, FL 32839

Title: D
Name: GRIFFIN, TOM
Address: 500 E. PRINCETON STREET
City-St-Zip: ORLANDO, FL 32803

Title: ED
Name: JONES, KAREN
Address: 930 WOODCOCK ROAD, SUITE 226
City-St-Zip: ORLANDO, FL 32803

I hereby 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 all other like empowered.

SIGNATURE: KAREN JONES   ED   01/16/2012

_____Electronic Signature of Signing Officer or Director_____Date_____