2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000143025

Entity Name: A.I.D. 3 INC

City-St-Zip:

ORLANDO, FL 32804

FILED Apr 28, 2009 Secretary of State

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Current P	rincipal Place	e of Business:	New Princ	New Principal Place of Business:			
	AM AVENUE), FL 32804	US					
Current Mailing Address:			New Maili	New Mailing Address:			
	AM AVENUE), FL 32804	US					
FEI Number:	51-0609203	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desire	d ()	
Name and	Address of (Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
331 PICKE	ER, DAVID M ERING COURT OD, FL 32779						
The above in the State	named entity e of Florida.	submits this statement for th	e purpose of changing	its registered	office or registered agent,	or both,	
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
Election Car	npaign Financin	g Trust Fund Contribution ().					
OFFICERS	S AND DIREC	TORS:	ADDITION	NS/CHANGES	S TO OFFICERS AND DIF	RECTORS:	
Title: Name: Address: City-St-Zip:	P (HACKWORTH, 654 PUTNAM A ORLANDO, FL	AVENUE	Title: Name: Address: City-St-Zip:	BOWMAN, WI			
Title: Name: Address: City-St-Zip:	ST (SNIDE, DELIA 654 PUTNAM A ORLANDO, FL		Title: Name: Address: City-St-Zip:	ST (X BOWMAN, DO 654 PUTNAM ORLANDO, FI	AVENUE		
Title: Name: Address:	VP (DECOTEAU, IF 654 PUTNAM		Title: Name: Address:	() Change () Addition		

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.

City-St-Zip:

SIGNATURE: W ARNOLD BOWMAN P 04/28/2009