


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90028 042 \*\*\*150.00

<b>DOCUMENT # P93000049206</b> 1. Entity Name <b>ALBERTA INVESTMENT MANAGEMENT, INC.</b>					
Principal Place of Business <b>13725 SUSAN KAY DR TAMPA, FL 33613</b>			Mailing Address <b>23 MANCHESTER DR. SHERWOOD PARK ALBERTA CANADA T8A0T3, XX</b>		
2. Principal Place of Business <b>220 E Madison St</b>		3. Mailing Address Suite, Apt. #, etc. <b>Ste 810</b>			
City & State <b>Tampa FL</b>		City & State <b>Tampa FL</b>			
Zip <b>33602</b>	Country <b>usa</b>	Zip <b>33</b>	Country <b>FL</b>	4. FEI Number <b>59-3193470</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>UCC FILING &amp; SEARCH SERVICES, INC. 526 EAST PARK AVE. TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent Name <b>Gretchen- Elizabeth</b> Street Address (P.O. Box Number is Not Acceptable) <b>220 E Madison St.</b> <b>Ste 810</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33602</b>		
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 <i>T. Nyquest</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <i>March 14/2005</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT NYQUVEST, TERRY 13725 SUSAN KAY DRIVE TAMPA, FL 33613	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NYQUVEST, DONNA 23 MANCHESTER DR. SHERWOOD PARK, CANADA, T8A-03	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRAY, DANA 23 MANCHESTER DR. SHERWOOD PARK, CANADA, T8A-03	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Nyquest, Terry 23 Manchester Dr Sherwood Park Alberta Canada T8A0T3	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Nyquest, Terry 23 Manchester Dr Sherwood Park Alberta Canada T8A0T3	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Nyquest, Terry 23 Manchester Dr Sherwood Park Alberta Canada T8A0T3	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Nyquest, Terry 23 Manchester Dr Sherwood Park Alberta Canada T8A0T3	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>T. Nyquest</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <i>March 14/2005</i> <b>780-9074064</b> <small>Date Daytime Phone #</small>		