2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005
Secretary of State

DOCUMENT# P95000008616

Entity Name: ASSOCIATES IN EMERGENCY MEDICAL EDUCATION, INC.

Current Principal Place of Business:

1428 HOUNDS HOLLOW COURT
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

1428 HOUNDS HOLLOW COURT
LUTZ, FL 33549

New Mailing Address:

FEI Number: 59-3291584 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KELLEY, SHARON
1428 HOUNDS HOLLOW COURT
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

KELLEY, SHARON S MS
1428 HOUNDS HOLLOW COURT
LUTZ, FL 33549 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: SHARON S. KELLEY 01/21/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KELLEY, SHARON
Address: 1428 HOUNDS HOLLOW COURT
City-St-Zip: LUTZ, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS (X) Change ( ) Addition
Name: KELLEY, SHARON S
Address: 1428 HOUNDS HOLLOW COURT
City-St-Zip: LUTZ, FL 33549

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: SHARON S. KELLEY MS 01/21/2005
Electronic Signature of Signing Officer or Director Date