2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000096887

1. Entity Name

AMERICAN INVESTMENT PROPERTIES, INC.



FILED Apr 22, 2008 08:00 AM Secretary of State

Principal Place of Business

3300 SW 14TH PLACE, UNIT 3 BOYNTON BEACH, FL 33426-9034 Mailing Address

3300 SW 14TH PLACE, UNIT 3 BOYNTON BEACH, FL 33426-9034



04092008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0795279 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPAC

SCHONE, LARRY 151 NW 1ST AVE DELRAY BEACH, FL 33444 DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

THE DATE

05/08/08-80020-01

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. DP TITLE MULLER, RALPH P NAME 3300 SW 14TH PLACE, UNIT 3 STREET ADORESS BOYNTON BEACH, FL 334269034 CITY-ST-ZIP **VDST** TITLE NAME PENNINGTON, JOHN 3300 SW 14TH PLACE, UNIT 3 STREET ADDRESS BOYNTON BEACH, FL 334269034 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Hensington

4-18-08 561-31

Daytime Phone #