


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FD 27206 #2729
FILED

Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000015000	
1. Entity Name AIP CORPORATION	

Principal Place of Business
**201 SE 24TH AVE.
POMPANO BEACH, FL 33062**

Mailing Address
**201 SE 24TH AVE.
POMPANO BEACH, FL 33062**



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0813058	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WITTE, LARRY F
201 SE 24TH AVE.
POMPANO BEACH, FL 33062**

**DO NOT WRITE
IN THIS SPACE**

6. 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)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000450665
03/10/06-80014-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BORG, DAVID A
STREET ADDRESS	5007 LINCOLN AVE., SUITE 107
CITY-ST-ZIP	LISLE, IL 60532

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/06

Date

620 829 5429

Daytime Phone #