2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# P99000072475

Entity Name: AMERICAN INTERNATIONAL EDUCATION CORPORATION

Current Principal Place of Business:

1313 PONCE DE LEON BLVD.
SUITE 301
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

1313 PONCE DE LEON BLVD.
SUITE 301
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0924568 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SEVIN, NORMAN M
1313 PONCE DE LEON BLVD.
SUITE 301
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	FECURY, CLOVIS A	
Address:	AV. DOS HOLANDESES, QUADRA 24- NO.22 APT8	
City-St-Zip:	SAO LUIS, MA	
Title:	VPD	( ) Delete
Name:	TAVARES, LUCIANA F	
Address:	RUA AMOR PERFEITO. CASA O6 PONTA D AREIA	
City-St-Zip:	SAO LUIS, MA	
Title:	S	( ) Delete
Name:	TAVARES, SERGIO DE C	
Address:	RUA AMOR PERFEITO. CASA O6 PONTA D AREIA	
City-St-Zip:	SAO LUIS, MA	
Title:	TD	( ) Delete
Name:	BRAGA, ANA ELIZABETH F	
Address:	AV. NINA RODRIGUES, 13 PONTA D AREIA	
City-St-Zip:	SAO LUIS, MA	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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.

SIGNATURE: CLOVIS A. FECURY PRES 03/11/2009

Electronic Signature of Signing Officer or Director — Date