2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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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
Name: FECURY, CLOVIS A
Address: AV. DOS HOLANDESES, QUADRA 24- NO.22 APT8
City-St-Zip: SAO LUIS, MA

Title: VPD
Name: TAVARES, LUCIANA F
Address: RUA AMOR PERFEITO. CASA O6 PONTA D AREIA
City-St-Zip: SAO LUIS, MA

Title: S
Name: TAVARES, SERGIO DE C
Address: RUA AMOR PERFEITO. CASA O6 PONTA D AREIA
City-St-Zip: SAO LUIS, MA

Title: TD
Name: BRAGA, ANA ELIZABETH F
Address: AV. NINA RODRIGUES, 13 PONTA D AREIA
City-St-Zip: SAO LUIS, MA

I hereby 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 all other like empowered.

SIGNATURE: CLOVIS FECURY PRES 04/09/2010

Electronic Signature of Signing Officer or Director — Date