

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000075442

Entity Name: A.A.I.U.S., INC.

FILED  
Apr 28, 2005  
Secretary of State

## Current Principal Place of Business:

2200 CORPORATE BLVD.,N.W.,STE.401  
BOCA RATON, FL 33431

## New Principal Place of Business:

## Current Mailing Address:

2200 CORPORATE BLVD.,N.W.,STE.401  
BOCA RATON, FL 33431

## New Mailing Address:

FEI Number: 65-0944853

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HCRM CORP.  
2200 CORPORATE BLVD.,N.W.,STE.401  
BOCA RATON, FL 33431 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: COHEN, SHOSHANA MRS.  
Address: 24 HANARKISIM ST  
City-St-Zip: ATLIT 30300, ISRAEL, NA 30300 IL

Title: D ( ) Delete  
Name: COHEN, IPHTACH MR.  
Address: 24 HANARKISIM ST  
City-St-Zip: ATLIT 30300, ISRAEL, NA 30300 IL

Title: TD ( ) Delete  
Name: ELLRAN, RA'ANAN MR.  
Address: 9 RANAK ST  
City-St-Zip: HERZLIYA 46406, ISRAEL, NA 46406 IL

Title: D ( ) Delete  
Name: WITTMAN, DANIEL MR.  
Address: 4 HABRECHA ST  
City-St-Zip: RA'ANANA 43000, ISRAEL, NA 43000 IL

## 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 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: COHEN SHOSHANA

PD

04/28/2005

Electronic Signature of Signing Officer or Director

Date