


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90254 011 \*\*\*158.75

**DOCUMENT # V34611**

1. Entity Name  
**AMERICAN INTERNATIONAL DEVELOPMENT COUNCIL INC.**



Principal Place of Business      Mailing Address

**4190 S. TROMBUS ROAD**      **24081 TREASUR ISLAND BLVD**  
**VENICE, FL 36293 US**      **PUNTA GORDA, FL 33955 US**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.  
**4190 STROMBUS RD**      Suite, Apt. #, etc.  
**4190 STROMBUS RD**

01112006      Chg-P      CR2E034 (11/05)

City & State      City & State

**VENICE FL**      **VENICE FL**

Zip      Country      Zip      Country

**34293 US**      **34293 US**

4. FEI Number      Applied For

**65-0350105**       Not Applicable

6. Name and Address of Current Registered Agent

**AMERIE, ERNEST R**  
**24081 TREASURE ISLAND BLVD**  
**PUNTA GORDA, FL 33955**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**4190 STROMBUS RD**

City **VENICE**      FL      Zip Code **34293**

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 N. Amerie      N. AMERIE      V. PRESIDENT      DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>AMERIE, NELLIE E</b> <b>24081 TREASURE ISLAND BLVD</b> <b>PUNTA GORDA, FL 33955</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>AMERIE, ERNEST R</b> <b>24081 TREASURE ISLAND BLVD</b> <b>PUNTA GORDA, FL 33955</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>4190 STROMBUS RD</b> <b>VENICE FL 34293</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4190 STROMBUS RD</b> <b>VENICE FL 34293</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: N. Amerie      N. AMERIE      Jan 11 '06      9414969410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #