## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

**FILED** Jan 11, 2007 08:00 AN te

DOCUMENT # V34611  1. Entity Name AMERICAN INTERNATIONAL DEVELOPMENT COUNCIL INC.				Secretary of Sta				
Principal Plac 4190 STRON VENICE, FL		Mailing Address 4190 STROMBUS RD VENICE, FL 34293 US	,					
DO NOT WRITE IN THIS SPA			CF	01052007 No Chg-P CR2E034 (11/05)				
_			<b>-</b>	4. FEI Numb 65-035	**	Applied For Not Applic  \$8.75 Additional		
	6. Name and Address of Current Re					Y Fee Required		
AMERIE, ERNEST R 4190 STROMBUS RD VENICE, FL 34293  8. The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent.			DO NOT WRITE IN THIS SPACE red office or registered agent, or both, in the State of Florida. I am familiar with, and accept					
SIGNATURE.		No. II and the State of the Sta	o Agent signature require			DATE		
Signature, typed or printed rame of registered egent and title it applicable (NOTE, Registere FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.			ncing _ \$5	.00 May Be		W.E.	***	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF V AMERIE, NELLIE E 4190 STROMBUS RD VENICE, FL 34293 D AMERIE, ERNEST R 4190 STROMBUS RD VENICE, FL 34293	ECTORS			U000005826 01/11/07-800	095 18-010 158.75		
TITLE NAME STREET ADDRESS CREATER ADDRESS				DO	NOT WRI	ΠE		

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:

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

IN THIS SPACE