

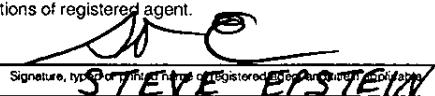
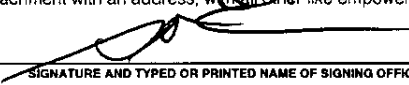


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90039 034 ***150.00

DOCUMENT # V65830 1. Entity Name AI INSIGHT, INC.					
Principal Place of Business 602 COURTLAND ST. STE 400 ORLANDO, FL 32804 US			Mailing Address 602 COURTLAND ST. STE 400 ORLANDO, FL 32804 US		
2. Principal Place of Business 4901 VINELAND RD.		3. Mailing Address 4901 VINELAND RD.			
Suite, Apt. #, etc. SUITE 450		Suite, Apt. #, etc. SUITE 450			
City & State ORLANDO FL		City & State ORLANDO FL			
Zip 32811		Zip 32811			
Country ORANGE		Country ORANGE		03252004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3145074				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent EPSTEIN, STEVE 602 COURTLAND ST SUITE 400 ORLANDO, FL 32804	
7. Name and Address of New Registered Agent Name STEVE EPSTEIN Street Address (P.O. Box Number is Not Acceptable) 4901 VINELAND RD. SUITE 450 City ORLANDO FL 32811				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  DATE 3/26/04 <small>Signature, typed or printed name of Registered Agent required when reinstating</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REIFSNYDER, EDWARD F 602 COURTLAND ST. STE 400 ORLANDO, FL 32804	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REIFSNYDER, EDWARD F 4901 VINELAND RD., SUITE 450 ORLANDO FL 32811	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO EPSTEIN, STEVEN M 602 COURTLAND ST SUITE 400 ORLANDO, FL 32804	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/P/D EPSTEIN, STEVEN M 4901 VINELAND RD., SUITE 450 ORLANDO FL 32811	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENNING, HARRY L 602 COURTLAND ST SUITE 400 ORLANDO, FL 32804	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENNING, HARRY L 4901 VINELAND RD., SUITE 450 ORLANDO FL 32811	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEE, J. DIANE 602 COURTLAND ST., STE. 400 ORLANDO, FL 32804	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D/V LEE, J. DIANE 4901 VINELAND RD., SUITE 450 ORLANDO, FL 32811	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WROTEN, VICKIE 602 COURTLAND ST., STE. 400 ORLANDO, FL 32804	<input checked="" type="checkbox"/> Delete	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"/> Delete	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 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR STEVE EPSTEIN			Date 3/26/04 Daytime Phone # 321-281-4480		