

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90076 045 ***150.00

DOCUMENT # V65830

1. Entity Name
AI INSIGHT, INC.



Principal Place of Business
4901 VINELAND RD.
STE. 450
ORLANDO, FL 32811 US

Mailing Address
4901 VINELAND RD.
STE. 450
ORLANDO, FL 32811 US

50015256



01252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3145074** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

EPSTEIN, STEVE
4901 VINELAND RD.
STE. 450
ORLANDO, FL 32811

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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 _____
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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	REIFSNYDER, EDWARD F
STREET ADDRESS	4901 VINELAND RD., STE. 450
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	CPD
NAME	EPSTEIN, STEVEN M
STREET ADDRESS	4901 VINELAND RD., STE. 450
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	D
NAME	HENNING, HARRY L
STREET ADDRESS	4901 VINELAND RD., STE. 450
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	SD
NAME	LEE, J. DIANE
STREET ADDRESS	4901 VINELAND RD., STE. 450
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

1/25/05 *321-281-4480*
Date Daytime Phone #