

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

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**



04122006 No Chg-P CR2E034 (11/05)

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restatefiling)

DATE _____

**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 **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

U000000513330
04/29/06-80112-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/06

Date

321-281-4480

Daytime Phone #