

2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-07-2005 90009 002 ***150.00
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DOCUMENT # P98000080462					
1. Entity Name AMERICAN IMMIGRATION MANAGEMENT, INC.					
Principal Place of Business 815 W BOYNTON BEACH BLVD #7-103 BOYNTON BEACH, FL 33426 US			Mailing Address 815 W BOYNTON BEACH BLVD #7-103 BOYNTON BEACH, FL 33426 US		
2. Principal Place of Business 702 MANATEE BAY DRIVE Suite, Apt. #, etc.			3. Mailing Address 702 MANATEE BAY DRIVE Suite, Apt. #, etc.		
City & State Boynton Beach FL		City & State Boynton Beach FL		4. FEI Number 65-0867975	
Zip 33435	Country USA	Zip 33435	Country USA	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				07032005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent RYAN, FLORENCE 815 W BOYNTON BEACH BLVD #7-103 BOYNTON BEACH, FL 33426			7. Name and Address of New Registered Agent Name RYAN, FLORENCE Street Address (P.O. Box Number is Not Acceptable) 702 MANATEE BAY DRIVE City Boynton Beach FL Zip Code 33435		
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: <u>Florence Ryan</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>7/5/05</u>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RYAN, FLORENCE S 815 W BOYNTON BEACH BLVD #7-103 BOYNTON BEACH, FL 33426	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RYAN, FLORENCE S 702 MANATEE BAY DRIVE Boynton Beach FL 33435	<input checked="" 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
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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 lines empowered.					
SIGNATURE: <u>Florence S Ryan, Pres</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>7/05/2005</u> (361) Daytime Phone: <u>732-4716</u>		