

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90140 009 ***150.00

0647296 AT

DOCUMENT # P38569



1. Entity Name
AMERI-DREAM AFFORDABLE HOMES, INC.

Principal Place of Business
**7124 CONGRESS ST.
NEW PORT RICHEY FL 34653
US**

Mailing Address
**555 CITY PARK AVENUE
COLUMBUS OH 43215
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number **31-1346396**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, NANCY L.
7124 CONGRESS STREET
NEW PORT RICHEY FL 34653**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CPS	<input type="checkbox"/> Delete
NAME	SMITH, NANCY L.	
STREET ADDRESS	555 CITY PARK AVENUE	
CITY-ST-ZIP	COLUMBUS OH 43215	
TITLE	VC	<input type="checkbox"/> Delete
NAME	SCHOTTENSTEIN, IRVING	
STREET ADDRESS	555 CITY PARK AVE.	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SMITH, NANCY L.	
STREET ADDRESS	555 CITY PARK AVENUE	
CITY-ST-ZIP	COLUMBUS OH 43215	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 live empowered.

SIGNATURE: x **SIGNATURE REQUIRED**

x **4/23/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E084 (10/02)