


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 242164 1. Entity Name AMERICAN HOMES, INC., OF TALLAHASSEE	
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FILED

06 AUG -1 PM 2:21



Principal Place of Business 1608 MITCHELL AVENUE TALLAHASSEE FL 32303	Mailing Address 1608 MITCHELL AVENUE TALLAHASSEE FL 32303
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2nd MOORE CR2E034 (4/06)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number NO-T APPLICABLE	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 WEIL, EDDIE P. 1608 MITCHELL AVENUE TALLAHASSEE FL 32303	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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FL	Zip Code
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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 *EPW* _____ DATE _____

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!!! FEE IS \$550.00
DUE BY September 6, 2006
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS	
TITLE	P WEIL, EDDIE P. <input type="checkbox"/> Delete
NAME	1608 MITCHELL AVENUE
STREET ADDRESS	TALLAHASSEE FL
CITY - ST - ZIP	
TITLE	V WEIL, LARRY P. <input type="checkbox"/> Delete
NAME	1612 DIAMOND OAKS COURT
STREET ADDRESS	LAS VEGAS NV
CITY - ST - ZIP	
TITLE	S WEIL, LUANNE <input type="checkbox"/> Delete
NAME	#4 OXEN COURT
STREET ADDRESS	STAFFORD VA
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

700078380907

08/04/06 01043 026 **150.00

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: *EPW* **E.P. WEIL** Aug 1, 2006 222-8449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #