

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90092 010 \*\*\*150.00

<b>DOCUMENT # 443837</b> 1. Entity Name AMERICAN HERITAGE INSTITUTIONAL SERVICES, INC.	
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Principal Place of Business 2008 CURRY FORD ROAD ORLANDO, FL 32814-6408	Mailing Address 2008 CURRY FORD ROAD ORLANDO, FL 32814-6408 US
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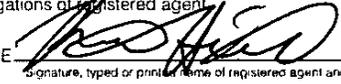


2. Principal Place of Business - No P.O. Box # 620 N. Wymore Rd.	3. Mailing Address 620 N. Wymore Rd.	Suite, Apt. #, etc. Suite 240
City & State Maitland, FL	City & State Maitland, FL	4. FEI Number 59-1501282
Zip 32751	Country USA	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

01182007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent HICKS, RICHARD C JR 12806 MAGNOLIA POINTE BLVD CLERMONT, FL 34711	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code
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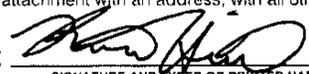
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  **Richard Hicks** 1-23-07  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CT	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, B.FORREST	NAME	
STREET ADDRESS	2305 BUCKMINISTER CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32803	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, AMY H	NAME	
STREET ADDRESS	2305 BUCKMINISTER CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32803	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, B. FOREST	NAME	
STREET ADDRESS	2305 BUCKMINISTER CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32803	CITY-ST-ZIP	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, RICHARD C JR	NAME	
STREET ADDRESS	12806 MAGNOLIA POINTE BLVD	STREET ADDRESS	
CITY-ST-ZIP	CLERMONT, FL 34711	CITY-ST-ZIP	
TITLE	AT	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, JANET L	NAME	
STREET ADDRESS	12806 MAGNOLIA POINTE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	CLERMONT, FL 34711	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **Richard Hicks** 1-23-07 407-278-5566  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #