


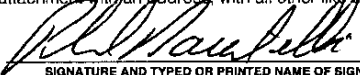
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## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVAL  
AND  
FILED

05 APR 28 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # F02000003325</b>					
1. Entity Name <b>AHI PROPERTIES I, INC.</b>					
Principal Place of Business <b>1400 MARSH LANDING PKWY., STE. 112 JACKSONVILLE, FL 32250</b>			Mailing Address <b>1400 MARSH LANDING PKWY., STE. 112 JACKSONVILLE, FL 32250</b>		
2. Principal Place of Business <b>13386 International Parkway</b>		3. Mailing Address <b>13386 International Parkway</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Jacksonville, FL</b>		City & State <b>Jacksonville, FL</b>		4. FEI Number <b>01-0718252</b>	
Zip <b>32218</b>		Country <b>Duval</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DNT HETAR, GLENN <input type="checkbox"/> Delete 1400 MARSH LANDING PKWY., STE 112 JACKSONVILLE, FL 32250		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT Heiar, Glenn <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13386 International Parkway Jacksonville, FL 32218	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC SCHILLER, ROBERT R <input type="checkbox"/> Delete 1400 MARSH LANDING PKWY., STE. 112 JACKSONVILLE, FL 32250		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO Schiller, Robert R <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13386 International Parkway Jacksonville, FL 32218	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SMITH, TODD <input checked="" type="checkbox"/> Delete 1400 MARSH LANDING PKWY., STE. 112 JACKSONVILLE, FL 32250		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Katz, Glenn <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13386 International Parkway Jacksonville, FL 32218	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS BARATELLI, PHIL <input type="checkbox"/> Delete 1400 MARSH LANDING PKWY., STE. 112 JACKSONVILLE, FL 32250		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS Baratelli, Phil <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13386 International Parkway Jacksonville, FL 32218	
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	
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 like empowered.					
SIGNATURE: 		Phil Baratelli		April 18, 2005 (904) 741-1703	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	