


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90047 003 \*\*\*163.75

<b>DOCUMENT # J32509</b>			
1. Entity Name AMERICAN AFFORDABLE HOUSING, INC.			
Principal Place of Business HC4 BOX 963 OLD TOWN, FL 32680		Mailing Address PO BOX 607 OLD TOWN, FL 32680	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 250 NE 545th Ave		Suite, Apt. #, etc.	
City & State Old Town, FL		City & State	
Zip 32680	Country USA	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MACLEOD, KIM PO BPX 607 OLD TOWN, FL 32680		Name Macleod Kim Street Address (P.O. Box Number is Not Acceptable) 252 NE 545th Ave City Old Town FL Zip Code 32680	
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>Kim Macleod</u> DATE: <u>03/03/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MACLEOD, KIM PO BOX 607 OLD TOWN, FL 32680 <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	VP MACLEOD, DON PO BOX 607 OLD TOWN, FL 32680 <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 like empowered.			
SIGNATURE: <u>Kim Macleod</u>		DATE: <u>03/03/04</u>	DAYTIME PHONE: <u>352-281-7993</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>



Attachment  
#J32509  
24024548

TO: DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN,

PLEASE BE ADVISED THAT WE DON'T APPRECIATE OUR COMPANY NUMBER  
APPEARING ON THE EXTERIOR OF THE ANNUAL REPORT NOTICE.  
THE FACT IS THAT ANYBODY CAN OBTAIN THE INFORMATION FOR A  
COMPANY ON THE INTERNET AND TAMPER WITH THE LEGAL INFORMATION.

SINCERELY,



KIM MACLEOD