
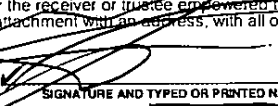


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90064 014 ***150.00

DOCUMENT # K47795 1. Entity Name AMERICAN HOUSING CORPORATION					
Principal Place of Business 6580 72ND AVENUE NORTH PINELLAS PARK, FL 33781 US			Mailing Address 6580 72ND AVENUE NORTH PINELLAS PARK, FL 33781 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2922132	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GROSS, ALAN M ONE PROGRESS PLAZA STE 1210 ST. PETERSBURG, FL 33710-4353				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$5.00 May Be Added to Fees			\$8.75 Additional Fee Required		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KRETZER, LEE 4648 PARK BLVD N PINELLAS PARK, FL 33781	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6580 72ND AV. N.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS COHEN, STUART A. 4648 PARK BLVD PINELLAS PARK, FL 33781	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6580 72ND AV. N.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCKENZIE, WALTER W 4648 PARK BLVD N PINELLAS PARK, FL 33781	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6580 72ND AV. N.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<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: 			WALTER W. MCKENZIE Date: 3/14/05 Daytime Phone #: 727-546-6611		

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