


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90441 006 ***150.00

DOCUMENT # K55224 1. Entity Name AMERICAN REAL ESTATE & MANAGEMENT, INC.					
Principal Place of Business % DALE HITCHINGS 909 S.E. 47TH TERRACE CAPE CORAL, FL 33904			Mailing Address % DALE HITCHINGS 909 S.E. 47TH TERRACE CAPE CORAL, FL 33904		
2. Principal Place of Business Suite, Apt. #, etc. 615 Cape Coral Pkwy W #103			3. Mailing Address Suite, Apt. #, etc. 615 Cape Coral Pkwy W #103		
City & State 33914			City & State 33914		
Zip 33914 Country			Zip 33914 Country		
4. FEI Number 65-0091361			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 HITCHINGS, DALE 909 S.E. 47TH TERR CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 615 Cape Coral Pkwy W #103 City FL Zip Code 33914		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input 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	DPS HITCHINGS, DALE 909 S.E. 47TH TERR CAPE CORAL, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 615 CAPE CORAL PKWY W, #103 CAPE CORAL, FL 33914	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT HITCHINGS, DENNIS 4107 LEITRIM CT. DUBLIN, OH 43017 <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	
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	
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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 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: <i>DALE HITCHINGS</i> DALE HITCHINGS			4/26/06 239 Date Daytime Phone #		

60031121



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