


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000005079</b> 1. Entity Name <b>AFFORDABLE HOUSING ALTERNATIVES, INC.</b>	
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Principal Place of Business <b>5915 - A CHICAGO AVENUE PENSACOLA, FL 32526</b>	Mailing Address <b>PO BOX 551 OAKLAND, FL 34760-0551</b>
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**DO NOT WRITE IN THIS SPACE**



01232004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>51-0419284</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE, STE 3000 MIAMI, FL 33131</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2004</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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEUBERGER, RICHARD 7201 BRUNER ST PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, CHRISTOPHER 7201 BRUNER ST PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIE, RICHARD 7201 BRUNER ST PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALSTON, THOMAS 7201 BRUNER ST PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAINE, WILLIAM 7201 BRUNER ST PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000013323  
01/26/04-80049-013 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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 Neuburger* **Richard Neuburger** 1-23-04 407 948 2408  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #