


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000005420 1. Entity Name AFFORDABLE HOUSING INSTITUTE, INC.	
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Principal Place of Business 2121 B CAMDEN ROAD ORLANDO, FL 32803	Mailing Address 2121 B CAMDEN ROAD ORLANDO, FL 32803
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DO NOT WRITE IN THIS SPACE



01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3223001	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NOLAN, WILLIAM T 2121 B. CAMDEN ROAD ORLANDO, FL 32803	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	400000183606 01/19/05-80070-022 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTNETT, ROBERT C 2121 B. CAMDEN ROAD ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, FRANCES E 2229 OVERLOOK DR MT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOLAN, WILLIAM T 2121 B. CAMDEN ROAD ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARTNETT, BRYAN C 2121 CAMBEN ROAD # B ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALZO, REDDICK 2116 MONTE CARLO TRAIL ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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)(f), 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: Robert C. Hartnett 1-12-05 407-896-0035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #