


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000095420</b> 1. Entity Name <b>AFFORDABLE HOUSING INSTITUTE, INC.</b>	
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Principal Place of Business <b>2121 B CAMDEN ROAD ORLANDO FL 32803</b>	Mailing Address <b>2121 B CAMDEN ROAD ORLANDO FL 32803</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/06)

<b>6. Name and Address of Current Registered Agent</b>  <b>NOLAN, WILLIAM T 2121 B. CAMDEN ROAD ORLANDO FL 32803</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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4. FEI Number <b>59-3223001</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	HARTNETT, ROBERT C
STREET ADDRESS	2121 B. CAMDEN ROAD
CITY-STATE-ZIP	ORLANDO FL 32803
TITLE	D <input type="checkbox"/> Delete
NAME	DUNN, FRANCES E
STREET ADDRESS	2229 OVERLOOK DR
CITY-STATE-ZIP	MT DORA FL 32757
TITLE	D <input type="checkbox"/> Delete
NAME	NOLAN, WILLIAM T
STREET ADDRESS	2121 B. CAMDEN ROAD
CITY-STATE-ZIP	ORLANDO FL 32803
TITLE	VP <input type="checkbox"/> Delete
NAME	HARTNETT, BRYAN C
STREET ADDRESS	2121 CAMBEN ROAD # B
CITY-STATE-ZIP	ORLANDO FL 32803
TITLE	D <input type="checkbox"/> Delete
NAME	ALZO, REDDICK
STREET ADDRESS	2116 MONTE CARLO TRAIL
CITY-STATE-ZIP	ORLANDO FL 32805
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000626338
STREET ADDRESS	02/15/07-80019-005 70.00
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:**  2-1-07 407-896-0035