2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 25, 2008
Secretary of State

DOCUMENT# N95000001049

Entity Name: A.H.I. HOUSING, INC.

Current Principal Place of Business:

1434 KENNEDY DRIVE
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4374
KEY WEST, FL 330414374

New Mailing Address:

FEI Number: 65-0653670 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALKER, ROBERT G
1434 KENNEDY DRIVE
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: CZAPLICKI, EDWARD
Address: 1511 TRUMAN AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: DV ( ) Delete
Name: KLITENICK, RICHARD M
Address: 624 WHITEHEAD STREET
City-St-Zip: KEY WEST, FL 33040

Title: DT ( ) Delete
Name: SHELBY, KERRY G
Address: 1611 VON PHISTER ST
City-St-Zip: KEY WEST, FL 33040

Title: DV ( ) Delete
Name: LEWIS, SARAH J
Address: 401 SOUTH STREET
City-St-Zip: KEY WEST, FL 33040

Title: DS ( ) Delete
Name: HOGUE, PHIL
Address: 701 WHITEHEAD STREET
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change ( ) Addition
Name: KLITENICK, RICHARD M
Address: 1009 SIMONTON STREET
City-St-Zip: KEY WEST, FL 33040

Title: DT (X) Change ( ) Addition
Name: HOGUE, PHIL
Address: 701 WHITEHEAD STREET
City-St-Zip: KEY WEST, FL 33040

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change ( ) Addition
Name: TRIVISONNO, NICHOLAS
Address: 425 CAROLINE STREET
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT G WALKER RA 07/25/2008

Electronic Signature of Signing Officer or Director — Date