

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000077620

FILED
Apr 24, 2005
Secretary of State

Entity Name: AMERICAN EXCLUSIVE GOLFING & VACATIONS MANAGEMENT INC.

Current Principal Place of Business:

189 NEW MEXICO LANE
DAVENPORT, FL 33897

New Principal Place of Business:

1819 WEDGEWOOD WAY
KISSIMMEE, FL 34746

Current Mailing Address:

189 NEW MEXICO LANE
DAVENPORT, FL 33897

New Mailing Address:

1819 WEDGEWOOD WAY
KISSIMMEE, FL 34746

FEI Number: 59-3675789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALIM, CHANTELLE
189 NEW MEXICO LANE
DAVENPORT, FL 33897 US

Name and Address of New Registered Agent:

MUSTAFA, WAFID
1819 WEDGEWOOD WAY
KISSIMMEE, FL 34746 US

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: WAFID MUSTAFA

04/24/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HALIM, CHANTELLE
Address: 179 NEW MEXICO LANE
City-St-Zip: DAVENPORT, FL 33897

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MUSTAFA, WAFID
Address: 1819 WEDGEWOOD WAY
City-St-Zip: KISSIMMEE, FL 34746

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAFID MUSTAFA

D

04/24/2005

Electronic Signature of Signing Officer or Director

Date