


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90025 048 \*\*\*158.75

<b>DOCUMENT # P01000026026</b>	
<b>1. Entity Name</b> AMERICAN EQUITY BUILDERS, INC.	

<b>Principal Place of Business</b> 11049 VALENCIA AVE N. SEMINOLE, FL 33772	<b>Mailing Address</b> 11049 VALENCIA AVE N. SEMINOLE, FL 33772
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<b>2. Principal Place of Business</b> 11325 110 Ave. No.	<b>3. Mailing Address</b> 11325 LARGO 110 Ave. No.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> LARGO, FL	<b>City &amp; State</b> LARGO FL
<b>Zip</b> 33778	<b>Country</b> PIN
<b>Zip</b> 33778	<b>Country</b> PIN



03112004 Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 59-3705792	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> JACKSON, GENE 11049 VALENCIA AVE N. SEMINOLE, FL 33772
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<b>7. Name and Address of New Registered Agent</b> Name: GENE JACKSON Street Address (P.O. Box Number is Not Acceptable): 11325 110 Ave. No. City: LARGO FL Zip Code: 33778
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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:** *Gene Jackson* **DATE:** March 15, 2004  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> JACKSON, GENE <input type="checkbox"/> Delete 11049 VALENCIA AVE N. SEMINOLE, FL 33772
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	(727) 393-5254 <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 607, 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:** *Gene Jackson* **DATE:** 3/15/04 **DAYTIME PHONE #:** (727) 393-5254  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR