


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90328 003 ***150.00

DOCUMENT # P01000040551 1. Entity Name AMERICAN EXECUTIVE MORTGAGES, INC.					
Principal Place of Business 3373 WEST VINE STREET SUITE 204 KISSIMMEE FL 34741			Mailing Address 3373 WEST VINE STREET SUITE 204 KISSIMMEE FL 34741		
2. Principal Place of Business 1432 N PINE HILLS RD Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State ORLANDO FL		City & State ORLANDO FL		4. FEI Number 59-3727320	
Zip 32808		Country ORANGE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERSAUD, BUDDY 3373 WEST VINE STREET SUITE 204 KISSIMMEE FL 34741				7. Name and Address of New Registered Agent Name ARNOLD GAJRAJ Street Address (P.O. Box Number is Not Acceptable) 1432 N PINE HILLS ROAD City ORLANDO FL Zip Code 32808	
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 <u><i>A. Gajraj</i></u> (NOTE: Registered Agent signature required when reinstating) DATE 4/20/05					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES GAJRAJ, ARNOLD 3373 WEST VINE STREET SUITE 204 1432 N PINE HILLS RD KISSIMMEE FL 34741 ORLANDO FL 32808		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE 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: <u><i>A. Gajraj</i></u> 4/20/05 (407) 578-5888 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					