
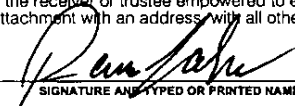


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90044 018 \*\*\*150.00

DOCUMENT # P03000021819			
1. Entity Name AMERICA'S FIRST CHOICE HOMES, INC.			
Principal Place of Business 14902 DEER MEADOW DRIVE LUTZ, FL 33549		Mailing Address 14902 DEER MEADOW DRIVE LUTZ, FL 33549	
2. Principal Place of Business 10753 Cory Lake Drive		3. Mailing Address 10753 Cory Lake Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa FL		City & State Tampa FL	
Zip 33647		Country	
4. FEI Number 57-1153589		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZAHER, RAMY F 14902 DEER MEADOW DRIVE LUTZ, FL 33549		7. Name and Address of New Registered Agent Name: Zaher, Ramy F Street Address (P.O. Box Number is Not Acceptable): 10753 Cory Lake Drive City: Tampa FL Zip Code: 33647	
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 \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		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	D ZAHER, RAMY F <input type="checkbox"/> Delete	TITLE	D Zaher, Ramy F <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAHER, RAMY F	NAME	Zaher, Ramy F
STREET ADDRESS	14902 DEER MEADOW DRIVE	STREET ADDRESS	10753 Cory Lake Drive
CITY-ST-ZIP	LUTZ, FL 33549	CITY-ST-ZIP	Tampa, FL 33647
TITLE	<input type="checkbox"/> Delete	TITLE	D Zaher, Fayez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Zaher, Fayez
STREET ADDRESS		STREET ADDRESS	10753 Cory Lake Drive
CITY-ST-ZIP		CITY-ST-ZIP	Tampa FL 33647
TITLE	<input type="checkbox"/> Delete	TITLE	D Helmy, Marsil <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Helmy, Marsil
STREET ADDRESS		STREET ADDRESS	10753 Cory Lake Drive
CITY-ST-ZIP		CITY-ST-ZIP	Tampa, FL 33647
TITLE	<input type="checkbox"/> Delete	TITLE	D Zaher, Dina <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Zaher, Dina
STREET ADDRESS		STREET ADDRESS	10753 Cory Lake Drive
CITY-ST-ZIP		CITY-ST-ZIP	Tampa FL 33647
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Date: 2/17/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

40013884



02092006 Chg-P CR2E034 (11/05)