2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mar 08, 2005 8:00 am Secretary of State DOCUMENT # P03000068686 1. Entity Name 03-08-2005 90162 022 ***150.00 AMERICAN HOUSE OF COMMONS, INC. Principal Place of Business Mailing Address 2004 2ND STREET SUITE B INDIAN ROCKS BEACH FL 33785 2004 2ND STREET SUITE B INDIAN ROCKS BEACH FL 33785 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 56-2372691 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CI EURGE SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR 57. MIAMI FL 33145 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 FILE NOW!L FEE IS \$150.00 **\$5.00** May Be Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE **PSTD** Delete TITLE ☐ Change ☐ Addition NAME VACZI, GEORGE NAME STREET ADDRESS 2004 2ND STREET SUITE B STREET ADDRESS INDIAN ROCKS BEACH FL 33785 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Defete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF TITLE ☐ Delete TITLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

FILED