2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000000910

FILED Apr 17, 2006 Secretary of State

Entity Name: AMERICAN HERITAGE LAND & INVESTMENT CORPORATION OF FLORIDA, INC.

Current P	rincipal Place of Business:	New Principal Place of Busines	New Principal Place of Business:	
580 SW 4 OCALA, F		1823 SE FORT KING ST. OCALA, FL 34471		
Current N	lailing Address:	New Mailing Address:		
580 SW 4 OCALA, F				
FEI Number	: 20-2085018 FEI Number Applied For ()	FEI Number Not Applicable () Certifica	te of Status Desired ()	
Name and	d Address of Current Registered Agent:	Name and Address of New Reg	istered Agent:	
SUITE A	DAVID T. KING STREET L 34474 US	HARDEN, DAVID 1823 SE FORT KING ST. OCALA, FL 34471 US		
The above	e named entity submits this statement for th	e nurnose of changing its registered office or r	edistered agent or both	
	e of Florida.	to purpose of changing its registered office of the	egistered agent, or both,	
in the Stat	e of Florida.		4/17/2006	
	e of Florida.	0		
in the Stat	e of Florida.	0	4/17/2006	
in the Stat SIGNATU Election Ca	e of Florida. RE: Electronic Signature of Registered A	0	4/17/2006 Date	
in the Stat SIGNATU Election Ca	e of Florida. RE: Electronic Signature of Registered / mpaign Financing Trust Fund Contribution ().	O Agent	4/17/2006 Date CICERS AND DIRECTOR	
in the Stat SIGNATU Election Ca OFFICER Title: Name: Address:	e of Florida. RE: Electronic Signature of Registered / mpaign Financing Trust Fund Contribution (). S AND DIRECTORS: PD () Delete HARDEN, DAVID 580 SW 48TH LN	Agent ADDITIONS/CHANGES TO OFF Title: () Change (Name: Address:	4/17/2006 Date CICERS AND DIRECTOR () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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:	DAVID HARDEN	PD	04/17/2006