

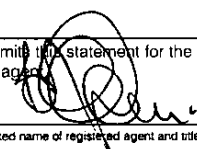
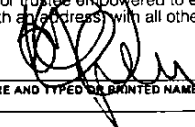


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90016 003 ***150.00

DOCUMENT # P05000044012 1. Entity Name AMERICAN HOMES SALES & MANAGEMENT, INC.					
Principal Place of Business 301 N. CATTLEMEN ROAD, #205 SARASOTA, FL 34232			Mailing Address 301 N. CATTLEMEN ROAD, #205 SARASOTA, FL 34232		
2. Principal Place of Business 2302 Sand Hill Road Suite, Apt. #, etc.		3. Mailing Address 2302 Sand Hill Road Suite, Apt. #, etc.			
City & State Davenport, FL		City & State Davenport, FL		4. FEI Number 71-0980274	
Zip 33837		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARSDEN, BRIAN JOHN 301 N. CATTLEMEN ROAD, #205 SARASOTA, FL 34232				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2302 Sand Hill Road Davenport City FL Zip Code 33837	
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 				DATE 3-15-06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	P MARSDEN, BRIAN JOHN 301 N. CATTLEMEN ROAD, #205 SARASOTA, FL 34232	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marsden, Brian John 2302 Sand Hill Road Davenport, FL 33837	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 3-15-06 Daytime Phone # 863-420-4072	