2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P05000044012 1. Entity Name AMERICAN HOMES SALES & MANAGEMENT, INC.						03-20-2006 90016 003 ***150.00					
Principal Place of Business Mailing Address						₩₩₩₩₩₩₩					
301 N. CATTLEMEN ROAD, #205 SARASOTA, FL 34232		301 N. CATTLEMEN ROAD, #205 SARASOTA, FL 34232									
	ace of Business	3: Mailing Address 2302 Sand Hill Road Suite, Apt. #, etc.			<u>d</u>						
,	.,				0314200)6 Chg-	,	CR2E034 (11	1/05)		
City & State	9	City & State			4. FEI Nu				App	olied For	
	port, FL	Davenport,		7	<u>1-0980</u>	<u> 274 </u>			Applicable		
Zip 33837	Country USA	Zip Coun 33837 U.			5. Certific	ate of Status D	e of Status Desired [\$8.75 Additional Fee Required		
33037	6. Name and Address of Current F		_ <u>U\$</u> ,	Α	7. Name	and Address	of New Regi				
o, Halife and Addition of Galletin Registered Agent				Name							
MARSDEN, BRIAN JOHN 301 N. CATTLEMEN ROAD, #205 SARASOTA, FL 34232				Street Address (P.O. Box Number is Not Acceptable)							
SAIVAGO!	A, 1 E 34232		1.	_							
									- 1 33031		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Added to Fees									· · · · · · · · · · · · · · · · · · ·		
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIO	NS/CHANGES	TO OFFICE	R\$ AND DIRE	CTORS	IN 11	
TITLE	P	☐ Delete	TITLE		Manadan	Design	Iohn	⊠ 0	hange	Addition	
NAME	MARSDEN, BRIAN JOHN	_	NAME		Marsden, Brian John ADDRESS 2302 Sand Hill Road						
STREET ADDRESS CITY-ST-ZIP	301 N. CATTLEMEN ROAD, #205 SARASOTA, FL 34232		CITY-S	ADDRESS		ovenport, FL 33837					
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NAME			NAME	•					•	_	
STREET ADDRESS			1	ADDRESS							
CITY-ST-ZIP			CITY-S	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 eport 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 appears with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-06 Date 863-420-4072

Daytime Phone #