


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 SEP 24 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000107982		
1. Entity Name AFFORDABLE HOME AND PROPERTY MAINTENANCE, CO.		

Principal Place of Business 13103 SERPENTINE DR. HUDSON, FL 34667	Mailing Address 5408 ST JAMES DR. NEW PORT RICHEY, FL 34652
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2. Principal Place of Business - No P.O. Box # 11330 SHEFFIELD RD	3. Mailing Address 11330 SHEFFIELD RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SPRING HILL, FL	City & State SPRING HILL, FL
Zip 34608	Zip 34608
Country U.S.A.	Country U.S.A.



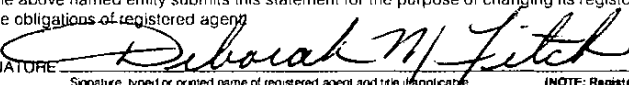
09192007 REIN-P CR2E098 (1/07)

4. FEI Number 20-4458649	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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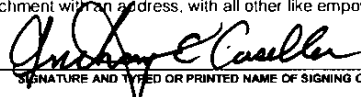
6. Name and Address of Current Registered Agent POWANDA, ELISABETH 5255 ELWOOD RD. SPRINGHILL, FL 34608	
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7. Name and Address of New Registered Agent Name: DEBORAH M. Fitch VS Street Address (P.O. Box Number is Not Acceptable) 11330 SHEFFIELD RD City: SPRING HILL FL Zip Code: 34608	
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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: 	DEBORAH M. Fitch 9/19/07
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST CASELLA, ANTHONY E 13103 SERPENTINE DRIVE HUDSON, FL 34667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CASELLA, ANTHONY E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11330 SHEFFIELD RD SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Fitch, DEBORAH M. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11330 SHEFFIELD RD SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300109845179 09/24/07--01061--003 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 	ANTHONY E. Casella 9/19/07 (127) 207-0790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

9/26/07