


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2005 08:00 AM
Secretary of State

| | | | | |
|---|-------------------------|---|---|---|
| DOCUMENT # P95000043485 | | | |  |
| 1. Entity Name AMERICAN LAND HOUSING GROUP, INC. | | | | |
| Principal Place of Business ONE SE 3RD AVE STE 3100 MIAMI FL 33131 US | | Mailing Address ONE SE 3RD AVE STE 3100 MIAMI FL 33131 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | |
| City & State | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0588215 |
| | | | | Applied For Not Applicable: <input type="checkbox"/> |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | |
| BEHAR, SABY ONE SE 3RD AVE STE 3100 MIAMI FL 33131 | | | Name | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | City | |
| | | | FL | Zip Code |
| 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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____ | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | 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 | ASC | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KENNEDY, JAMES | | NAME | |
| STREET ADDRESS | ONE SE 3RD AVE STE 3100 | | STREET ADDRESS | |
| CITY- ST- ZIP | MIAMI FL 33131 | | CITY- ST- ZIP | |
| TITLE | DST | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEHAR, SABY | | NAME | |
| STREET ADDRESS | ONE SE 3RD AVE STE 3100 | | STREET ADDRESS | |
| CITY- ST- ZIP | MIAMI FL 33131 | | CITY- ST- ZIP | |
| TITLE | DVP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JARVIS, BRUCE R | | NAME | |
| STREET ADDRESS | ONE SE 3RD AVE STE 3100 | | STREET ADDRESS | |
| CITY- ST- ZIP | MIAMI FL 33131 | | CITY- ST- ZIP | |
| TITLE | DP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRANVIL, TRACY | | NAME | |
| STREET ADDRESS | ONE SE 3RD AVE STE 3100 | | STREET ADDRESS | |
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| STREET ADDRESS | | | STREET ADDRESS | |
| CITY- ST- ZIP | | | CITY- ST- ZIP | |



1st MOORE CR2E034 (10/04)

4. FEI Number **65-0588215**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

| | | | |
|---|--|--|----------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| BEHAR, SABY ONE SE 3RD AVE STE 3100 MIAMI FL 33131 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL | Zip Code |

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
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| CITY- ST- ZIP | | | CITY- ST- ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(f), 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 an other like empowered.

SIGNATURE: _____ **4-27-05**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #