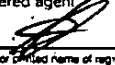


FILED
May 13, 2005 8:00 am
Secretary of State

04-13-2005 90034 039 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000057608			
1. Entity Name AMERICAN FEDERAL PROPERTIES, INC.			
Principal Place of Business 1 SLEIMAN PARKWAY STE 270 JACKSONVILLE, FL 32216		Mailing Address 1 SLEIMAN PARKWAY STE 270 JACKSONVILLE, FL 32216	
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 59-3331709		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, BERNARD 1 SLEIMAN PKWAY SUITE 280 JACKSONVILLE, FL 32216		7. Name and Address of New Registered Agent Name Peter D. Sleiman Street Address (P.O. Box Number is Not Acceptable) 1 Sleiman Parkway Suite 270 City Jacksonville FL Zip Code 32216	
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  Peter D. Sleiman DATE 1-19-05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	VP SMITH, BERNARD E 1 SLEIMAN PARKWAY STE 270 JACKSONVILLE, FL 32216 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Sleiman, Peter D. 1 Sleiman Parkway, Suite 270 Jacksonville, FL 32216 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SLEIMAN, JOSEPHINE T 1 SLEIMAN PARKWAY STE 270 JACKSONVILLE, FL 32216 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 produce 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 officers empowered.			
SIGNATURE:  Peter D. Sleiman		Date 1/19/05 Daytime Phone # 904/731-8806	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	