

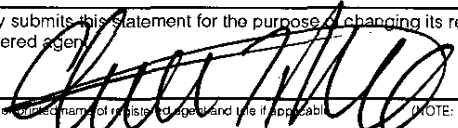
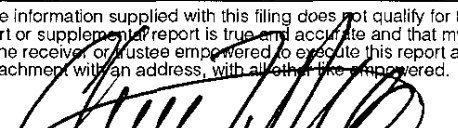


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000049845 1. Entity Name AMERICAN HOUSING GROUP, INC.						FILED 04 NOV 12 PM 1:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 4554 CENTRAL AVE STE D SAINT PETERSBURG, FL 33710				Mailing Address 4554 CENTRAL AVE STE D SAINT PETERSBURG, FL 33710			
2. Principal Place of Business 10251 Tamiami Trail Suite, Apt. #, etc.		3. Mailing Address 10251 Tamiami Trail Suite, Apt. #, etc.		10282004 Chg-P CR2E034 (10/03)			
City & State Punta Gorda, FL		City & State Punta Gorda, FL		4. FEI Number 59-3536401		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied	
Zip Country 33950		Zip Country 33950		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent EBERLY, EARL 4153 10TH AVE SAINT PETERSBURG, FL 33713				7. Name and Address of New Registered Agent Name Charles T. Rice Street Address (P.O. Box Number is Not Acceptable) 10251 Tamiami Trail City Punta Gorda FL Zip Code 33950			
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 acknowledge the obligations of registered agent.							
SIGNATURE 				CHARLES T. RICE 11-8-04		DATE	
Amended AR is \$61.25				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 PSTD <input checked="" type="checkbox"/> Delete NAME EBERLY, EARL STREET ADDRESS 4153 10TH AVENUE NORTH CITY-ST-ZIP ST. PETERSBURG, FL 33713				TITLE President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add NAME Charles T. Rice STREET ADDRESS 350 Dalton Blvd. CITY-ST-ZIP Port Charlotte, FL 33952			
TITLE V <input checked="" type="checkbox"/> Delete NAME DARCY, MICHAEL STREET ADDRESS 2133 43RD AVENUE NORTH CITY-ST-ZIP ST PETERSBURG, FL 33711				TITLE Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add NAME Earl Eberly STREET ADDRESS 4153 10th Ave., North CITY-ST-ZIP St. Petersburg, FL 33713			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add NAME Deborah A. Wasserman STREET ADDRESS 350 Dalton Blvd. CITY-ST-ZIP Port Charlotte, FL 33952			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add NAME STREET ADDRESS 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)(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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like information.							
SIGNATURE: 				CHARLES T. RICE 11-8-04			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			