2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 08:00 AM Secretary of State

DOCUMENT # P98000103904 1. Enlity Name AMERICAN EQUITIES CORPORATION OF CENTRAL FLORIDA						oury or source	
Principal Place of Business Mailing Address 1632 NORTH RONALD REAGAN BLVD. LONGWOOD, FL 32750 Mailing Address 1632 NORTH RONALD REAGAN BLVD. LONGWOOD, FL 32750							
DO NOT WRITE IN THIS SPACE				04252006 4. FEI Numb 59-355	D4252006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 59-3555701 Not Applied be seen and seen applied for the seen applied for t		
6. Name and Address of Current Registered Agent							
1832 N. ROINAED REAGAIN BLVD					NOT WRITE THIS SPACE		
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 primed name of registered agent and title if applicable. (NOTE Registered Agent signature required when remaining) OASE							
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 fee will be \$550.00	g. Election Campaign Finan Trust Fund Contribution.	icing _	\$5.00 May Be Added to Fees		<u> </u>	
10.	OFFICERS AND DIRE	CTORS					
TITLE NAME STREET AGORESS CITY-ST-ZIP	DELGADO, DAVID C 1632 N. RONALD REAGAN BLVD. LONGWOOD, FL 32750						
TATLE NAME STREET ADDRESS CITY ST-ZIP					1100000 05/11/06	543950 80015-019 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W		
title Name Sireet address City-St-Tip				IN "	THIS SP	ACE	
NAME SIRSE1 ADDRESS CITY - ST- ZIP							
TITLE MAINE STREET ADDRESS CITY-SI-ITP							
12. I hereby certify that the information supplied with this filling 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 it made under eath, 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. (HO7)							