


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P99000085903 1. Entity Name AMERICAN FACILITIES MANAGEMENT, INC.	
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Principal Place of Business 1611 12TH ST EAST SUITE C PALMETTO, FL 34221	Mailing Address 1611 12TH ST EAST SUITE C PALMETTO, FL 34221
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DO NOT WRITE IN THIS SPACE



04162008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0952504	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LAUDENSLAGER, JOHN P 1029 DELACROIX CIR. NOKOMIS, FL 34275

DO NOT WRITE IN 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAYS, BASIL G 1611 12TH ST EAST SUITE C PALMETTO, FL 342221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MAYS, SHARON 1611 12TH ST EAST SUITE C PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICHISON, BOBBIE 1611 12TH ST EAST SUITE C PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000808654 05/06/08-80040-010 150.00</p> DO NOT WRITE IN THIS SPACE
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	04-15-08 <small>Date</small>	9416500731 <small>Daytime Phone #</small>
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