2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

Apr 26, 2005 8:00 am Secretary of State DOCUMENT # P99000101022 1. Entity Name 04-26-2005 90172 045 ***150.00 A & S AFFORDABLE MANAGEMENT, INC. Principal Place of Business Mailing Address 2431 ALOMA AVENUE, SUITE 215 WINTER PARK FL 32792 2431 ALOMA AVENUE, SUITE 215 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address 7050 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For 4. FEI Number 65-0965977 Din Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHEPHERD, THOMAS Street Address (P.O. Box Number is Not Acceptable) 2431 ALOMA AVENUE, SUITE 215 WINTER PARK FL 32792 tuenue 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 little if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. THILE TITLE ☐ Defete NAME ACEVEDO, SHANE L NAME 2431 ALOMA AVENUE, SUITE 215 STREET ADDRESS STREET ADDRESS 7050 Aloma Avenue WINTER PARK FL 32792 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Addition SHEPHERD, THOMAS NAME NAME 7050 Aloma Avenue STREET ADDRESS 2431 ALOMA AVENUE, SUITE 215 STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32792 CITY-ST-ZIP Delete TITLE TITLE ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TILLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 if changed, or on an attachment with an address, with all other like empowered.

FILED