


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # V16452 1. Entity Name AMERICAN HOMEBUILDERS, INC.	
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Principal Place of Business 13400 SUTTON PARK DR S SUITE 1401 JACKSONVILLE, FL 32224 US	Mailing Address 13400 SUTTON PARK DR S SUITE 1401 JACKSONVILLE, FL 32224 US
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02152005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3127110	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SHEFFIELD, J. HOWARD  
 4209 BAYMEADOWS RD., STE. 4  
 JACKSONVILLE, FL 32217

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HALIL, DONALD W JR. 13400 SUTTON PARK DR S SUITE 1401 JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST SCOTT, M. CRAIG 13400 SUTTON PARK DR S STE 1401 JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MONTGOMERY, MITCHELL 13400 SUTTON PARK DR S STE 1402 JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS SIGLER, ELLEN F 13400 SUTTON PARK DR S STE 1401 JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 02/26/05-80036-011 150.00

**DO NOT WRITE IN THIS SPACE**

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.

**SIGNATURE:**  \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #