2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000027

Title:

Name:

Address:

City-St-Zip:

ALLIED LIGHT MODEO ACE CODDODATION

FILED Apr 11, 2007 Secretary of State

Entity Nai	me: ALLIED F	IOME MORTGAGE CORI	PORATION					
Current Principal Place of Business:				New Principal Place of Business:				
	MONT SUITE N, TX 77092	220						
Current M	lailing Addres	ss:		New Mailing Address:				
	MONT SUITE N, TX 77092	220						
FEI Number: 76-0316927 FEI Number Applied For ()) FEI Nu	FEI Number Not Applicable () Certificate of Status Desired (tatus Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
1200 SOU	PORATION SYSTEM PINE ISLANION, FL 33324	ND ROAD						
	named entity : e of Florida.	submits this statement for	the purpose of	of changing i	ts registered	office or registe	red agent, or both,	
SIGNATU								
Electronic Signature of Registered Agent				Date				
Election Car	npaign Financin	g Trust Fund Contribution ().	•					
OFFICER	S AND DIREC	TORS:		ADDITION	IS/CHANGE	S TO OFFICER	S AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PCD () HODGE, JIM C 60 QUEEN STF FREDERIKSTE			Title: Name: Address: City-St-Zip:	HODGE, JIM	ONT SUITE 220	ition	
Title: Name: Address: City-St-Zip:	VPST () TAYLOR, MICH 6110 PINEMON HOUSTON, TX	IT SUITE 215		Title: Name: Address: City-St-Zip:	TAYLOR, MIC	ONT SUITE 220	ition	
Title: Name: Address: City-St-Zip:	VP () CLAPSADDLE, 6110 PINEMON HOUSTON, TX	IT SUITE 220		Title: Name: Address: City-St-Zip:	HAGEN, JAMI	ONT SUITE 220	ition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JIM C. HODGE **PCD** 04/11/2007

() Delete

CLENDENNEN, MICHAEL

HOUSTON, TX 77092

6110 PINEMONT SUITE 220

() Change () Addition