2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006
Secretary of State

DOCUMENT# F04000006648

Entity Name: ASSOCIATED MORTGAGE BANKERS, INC

Current Principal Place of Business:

2805 VETERANS MEMORIAL HIGHWAY, SUITE 25
RONKONKOMA, NY 11779

New Principal Place of Business:

2805 VETERANS MEMORIAL HIGHWAY, SUITE 25
SUITE 7
RONKONKOMA, NY 11779

Current Mailing Address:

2805 VETERANS MEMORIAL HIGHWAY, SUITE 25
RONKONKOMA, NY 11779

New Mailing Address:

2805 VETERANS MEMORIAL HIGHWAY, SUITE 25
SUITE 7
RONKONKOMA, NY 11779

FEI Number: 11-2961751 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LAW OFFICE OF ERIC BRONFELD, P.A.
300 S.E. 14TH STREET
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DONATO, ANTHONY
Address: 2805 VETERANS MEMORIAL HIGHWAY, SUITE 25
City-St-Zip: RONKONKOMA, NY 11779

Title: EVP ( ) Delete
Name: MORAN, DONALD E
Address: 2805 VETERANS MEMORIAL HIGHWAY, SUITE 25
City-St-Zip: RONKONKOMA, NY 11779

Title: SVS ( ) Delete
Name: KLEIN, RICHARD D
Address: 2805 VETERANS MEMORIAL HIGHWAY, SUITE 25
City-St-Zip: RONKONKOMA, NY 11779

Title: TV ( ) Delete
Name: MANNARINO, LAURA
Address: 2805 VETERANS MEMORIAL HIGHWAY, SUITE 25
City-St-Zip: RONKONKOMA, NY 11779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: DONALD E. MORAN EVP 01/23/2006

Electronic Signature of Signing Officer or Director — Date