

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000018615

**FILED**  
**Jun 29, 2005**  
**Secretary of State**

**Entity Name:** AMERICA'S HOME MORTGAGE CONNECTION CORPORATION

**Current Principal Place of Business:**

1069 W. CAMINO REAL  
BOCA RATON, FL 33486

**New Principal Place of Business:**

1201 SW 19TH ST  
BOCA RATON, FL 33486

**Current Mailing Address:**

1069 W. CAMINO REAL  
BOCA RATON, FL 33486

**New Mailing Address:**

1201 SW 19TH ST  
BOCA RATON, FL 33486

FEI Number: 20-0660210

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VITALE, DONNA ALIESE  
1069 W. CAMINO REAL  
BOCA RATON, FL 33486 US

**Name and Address of New Registered Agent:**

VITALE, DONNA ALIESE  
1201 SW 19TH ST  
BOCA RATON, FL 33486 US

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: DONNA ALIESE VITALE

06/29/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: VITALE, DONNA ALIESE  
Address: 1069 W. CAMINO REAL  
City-St-Zip: BOCA RATON, FL 33486

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: VITALE, DONNA ALIESE  
Address: 1201 SW 19TH ST  
City-St-Zip: BOCA RATON, FL 33486

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DONNA ALIESE VITALE

P

06/29/2005

Electronic Signature of Signing Officer or Director

Date