

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000027544

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: AMFED MORTGAGE CORPORATION

**Current Principal Place of Business:**

420 E. HIGHWAY 434  
STE C  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

420 E. HIGHWAY 434  
STE C  
LONGWOOD, FL 32750

**New Mailing Address:**

FEI Number: 39-3368462      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PANDOLFI, JAMES  
411 MONTICELLO DR  
ALTAMONTE SPRINGS, FL 32701      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: PD ( ) Delete  
Name: PANDOLFI, JAMES  
Address: 411 MONTICELLO DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: V ( ) Delete  
Name: POLLAK, ALEXANDER  
Address: 11 ESCANDIDO CIR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: C ( ) Delete  
Name: HENDRICKSON, COLLINS  
Address: 1467 DEER LAKE CIR  
City-St-Zip: APOPKA, FL 32712

**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:

I hereby certify that the information supplied with this filing does not qualify 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: JAMES PANDOLFI

PRES

04/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date