

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 451658

**FILED
Jun 27, 2007
Secretary of State**

Entity Name: AMERICAN CAPITAL FINANCIAL GROUP, INC.

Current Principal Place of Business:

4779 COLLINS AVENUE, TS4403
MIAMI BEACH, FL 33140

New Principal Place of Business:

4779 COLLINS AVENUE
TS4403
MIAMI BEACH, FL 33140 US

Current Mailing Address:

4779 COLLINS AVENUE, TS4403
MIAMI BEACH, FL 33140

New Mailing Address:

4779 COLLINS AVENUE
TS4403
MIAMI BEACH, FL 33140 US

FEI Number: 59-1951494 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ROGOVIN, LAWRENCE H ESQ
4000 HOLLYWOOD BLVD
SUITE 265 SOUTH
HOLLYWOOD, FL 30021 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

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: MILLAN, BRONDON A
Address: 535 OCEAN AVENUE, 10B
City-St-Zip: SANTA MONICA, CA 90402

Title: SD () Delete
Name: MARLIN, ROBERT
Address: 101 OCEAN AVE #A100
City-St-Zip: SANTA MONICA, CA 90402

Title: D () Delete
Name: MILLAN, SCOTT
Address: 535 OCEAN AVE #10B
City-St-Zip: SANTA MONICA, CA 90402

Title: PD (X) Delete
Name: MARLIN, ROBYN
Address: 101 OCEAN AVE #A100
City-St-Zip: SANTA MONICA, CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPTD (X) Change () Addition
Name: MILLAN, BRANDON A
Address: 535 OCEAN AVENUE, 10B
City-St-Zip: SANTA MONICA, CA 90402 US

Title: SD (X) Change () Addition
Name: MARLIN, ROBERT
Address: 4779 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: PD (X) Change () Addition
Name: MARLIN, ROBYN
Address: 4779 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL 33140 US

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: ROBYN MARLIN

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06/27/2007

Electronic Signature of Signing Officer or Director

_____ Date