

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001680

FILED
Apr 12, 2005
Secretary of State

Entity Name: ALTERNATIVE MORTGAGE SOLUTIONS, INC.

Current Principal Place of Business:

3254 RICE ST
LITTLE CANADA, MN 55126

New Principal Place of Business:

11140 CALLAWAY GREENS DR
FT MYERS, FL 33913 US

Current Mailing Address:

3254 RICE ST
LITTLE CANADA, MN 55126

New Mailing Address:

11140 CALLAWAY GREENS DR
FT MYERS, FL 33913 US

FEI Number: 41-1821388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARMSSEN, TIM C
109 14TH ST
ST AUGUSTINE BEACH, FL 32080 US

Name and Address of New Registered Agent:

POST, TIMOTHY M
11140 CALLAWAY GREENS DR
FT MYERS, FL 33913 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: TIMOTHY M POST

04/12/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: POST, TIMOTHY M
Address: 3254 RICE ST
City-St-Zip: LITTLE CANADA, MN 55126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: POST, TIMOTHY M
Address: 11140 CALLAWAY GREENS DR
City-St-Zip: FT MYERS, FL 33913 US

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: TIMOTHY M POST

PRES

04/12/2005

Electronic Signature of Signing Officer or Director

Date