

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001694

FILED
Mar 30, 2006
Secretary of State

Entity Name: ATLAS MORTGAGE SERVICES, INC.

Current Principal Place of Business:

3000 RIVERCHASE GALLERIA
750
BIRMINGHAM, AL 35244

New Principal Place of Business:

Current Mailing Address:

3000 RIVERCHASE GALLERIA
750
BIRMINGHAM, AL 35244

New Mailing Address:

FEI Number: 04-3697931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMPLIANCE CONSULTING CORP OF FLORIDA
521 LAKE AVE, STE 4
LAKE WORTH, FL 33460 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: MCFADDEN, SCOTT D
Address: 5248 LAKE CREST CIR
City-St-Zip: BIRMINGHAM, AL 35226

Title: VP () Delete
Name: DICKINSON, THOMAS
Address: 1505 HIGHLAND GATE POINT
City-St-Zip: BIRMINGHAM, AL 35244

Title: S () Delete
Name: MOULTON, SCOTT
Address: 728 JASMINE WAY
City-St-Zip: BIRMINGHAM, AL 35226

Title: T () Delete
Name: JEMISON, CRAIG
Address: 3922 FIREWOOD DR
City-St-Zip: BIRMINGHAM, AL 35243

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: SCOTT D. MCFADDEN

P

03/30/2006

Electronic Signature of Signing Officer or Director

Date