

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001737

FILED  
Apr 18, 2006  
Secretary of State

Entity Name: AMERICA'S HOME LOAN CORPORATION

## Current Principal Place of Business:

1360 POWERS FERRY ROAD  
SUITE C100  
MARIETTA, GA 30067

## New Principal Place of Business:

## Current Mailing Address:

1360 POWERS FERRY ROAD  
SUITE C100  
MARIETTA, GA 30067

## New Mailing Address:

FEI Number: 20-0832511      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR., STE. 4  
WESTON, FL 33331      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: CP ( ) Delete  
Name: RADFORD, GLENN  
Address: 1360 POWERS FERRY ROAD, SUITE C100  
City-St-Zip: MARIETTA, GA 30067

Title: DST ( ) Delete  
Name: RADFORD, CHRISTINE  
Address: 1360 POWERS FERRY ROAD, SUITE C100  
City-St-Zip: MARIETTA, GA 30067

Title: AS ( ) Delete  
Name: POOLE, WILLIAM M  
Address: STE 700, 945 PACES FERRY RD  
City-St-Zip: ATLANTA, GA 30326

## 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 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: GLENN RADFORD

CP

04/18/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date