
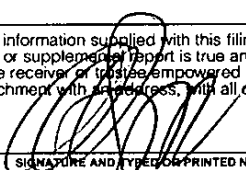


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90127 049 \*\*\*150.00

<b>DOCUMENT # F04000002731</b> 1. Entity Name <b>AMERICAN PROPERTY FINANCING, INC.</b>					
Principal Place of Business <b>8913 REGENTS PARK DR SUITE 670 TAMPA, FL 33647</b>			Mailing Address <b>8913 REGENTS PARK DR SUITE 670 TAMPA, FL 33647</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C WIENER, ALAN 6 EAST 43RD ST 26TH FL NEW YORK, NY 10017</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director/CEO/Chairman</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP HABIGHORST, ARTHUR 6 EAST 43RD ST 26TH FL NEW YORK, NY 10017</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director/President/COO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVPT WOOLSEY, JAMES 5 EAST 42ND ST NEW YORK, NY 10017</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HICKEY, DANIEL 5 EAST 42ND ST NEW YORK, NY 10017</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director/Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director/VP John Hart 5 East 42nd Street NY, NY 10017</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director/VP Francis May 5 East 42nd Street NY, NY 10017</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with address, with all other like empowered.					
<b>SIGNATURE:</b> 			<b>- Arthur Habighorst</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/11/06</b> (212) 850-4600 <small>Daytime Phone #</small>		

ATTACHMENT

40048026  
#F04000002731



5 EAST 42ND STREET, NEW YORK, NY 10017

Migdalia Rivera  
**Paralegal**  
Telephone: (212) 850-4425  
Fax: (212) 850-4424  
Email: riveram@emigrant.com

April 12, 2006

**VIA FEDERAL EXPRESS**

Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, Florida 32301

RE: American Property Financing, Inc.

Dear Sir/Madam:

Enclosed please find American Property Financing, Inc.'s completed 2006 For Profit Corporation Annual Report, signed by Arthur Habighorst, President of said entity, and check number 881501144 for one hundred and fifty dollars (\$150.00USD), to cover the requisite filing fee.

Should you have any questions or require anything further, please do not hesitate to contact me at the above-listed number or via e-mail at Riveram@emigrant.com. Thank you.

Very truly yours,

A handwritten signature in black ink, appearing to read 'M. Rivera', written over a horizontal line.

Migdalia Rivera

enc.