2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# F04000003435

Entity Name: AMERICAN FREEDOM MORTGAGE, INC.

Current Principal Place of Business:

2211 NEWMARKET PARKWAY, STE. 130
MARIETTA, GA 30067

New Principal Place of Business:

2211 NEWMARKET PARKWAY
SUITE 130
MARIETTA, GA 30067

Current Mailing Address:

2211 NEWMARKET PARKWAY, STE. 130
MARIETTA, GA 30067

New Mailing Address:

2211 NEWMARKET PARKWAY
SUITE 130
MARIETTA, GA 30067

FEI Number: 58-2598326 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE, FL 32303 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: BURCH, TAMARA L
Address: 2211 NEWMARKET PARKWAY, STE. 130
City-St-Zip: MARIETTA, GA 30067

Title: VPST ( ) Delete
Name: MYERS, DEEANN R
Address: 2211 NEWMARKET PARKWAY, STE. 130
City-St-Zip: MARIETTA, GA 30067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BURCH, TAMARA L
Address: 2211 NEWMARKET PARKWAY, SUITE 130
City-St-Zip: MARIETTA, GA 30067

Title: VPST (X) Change ( ) Addition
Name: MYERS, DEEANN R
Address: 2211 NEWMARKET PARKWAY, SUITE 130
City-St-Zip: MARIETTA, GA 30067

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: TAMARA L. BURCH P 01/04/2005

Electronic Signature of Signing Officer or Director — Date