

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90223 032 ***150.00

DOCUMENT # F05000001673

1. Entity Name
AMERA MORTGAGE CORPORATION



Principal Place of Business
 30201 ORCHARD LAKE RD, STE 250
 FARMINGTON HILLS, MI 48334

Mailing Address
 30201 ORCHARD LAKE RD, STE 250
 FARMINGTON HILLS, MI 48334

50016443



2. Principal Place of Business
1050 Corporate Office Drive
 Suite, Apt. #, etc.
Suite 200

3. Mailing Address
1050 Corporate Office Drive
 Suite, Apt. #, etc.
Suite 200

04252006 Chg-P CR2E034 (11/05)

City & State
Milford, MI

City & State
Milford, MI

4. FEI Number
38-2467147

Applied For
 Not Applicable

Zip
48381

Country
USA

Zip
48381

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROCK, JERALD H 30201 ORCHARD LAKE RD, STE 250 FARMINGTON HILLS, MI 48334 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO JANSSEN, MARK A 30201 ORCHARD LAKE RD, STE 250 FARMINGTON HILLS, MI 48334 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEVP BOWEN, SUSAN L 30201 ORCHARD LAKE RD, STE 250 FARMINGTON HILLS, MI 48334 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP CAIN, MELINDA F 30201 ORCHARD LAKE RD, STE 250 FARMINGTON HILLS, MI 48334 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP DEFRANCES, KATHLEEN M 30201 ORCHARD LAKE RD, STE 250 FARMINGTON HILLS, MI 48334 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, JAMES F 2777 E. CAMELBACK RD, STE 375 PHOENIX, AZ 85016 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1050 Corporate Office Drive, Ste. 200</i> <i>Milford, MI 48381</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1050 Corporate Office Drive, Ste. 200</i> <i>Milford, MI 48381</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1050 Corporate Office Drive, Ste. 200</i> <i>Milford, MI 48381</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 an address, with all other like empowered.

SIGNATURE: *Jerald H. Rock* **JERALD H ROCK, President** Date: *04/25/2006* (248) 685-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #