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(Re	equestor's Name)	
(Ac	idress)	
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PICK-UP	MAIT	MAIL
(Ві	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
ANALYSEE FLUIDS

TRANSMITTAL LETTER

	istration Sec sion of Corp								
SUBJECT:	: Do	ericar.	Hom lame of cor	e lend poration - mu	st include suff	<u>() c · </u>			_
Dear Sir or M	Madam:								
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Please return	all correspo	ondence cond	erning this	matter to the	following:				
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-American	•	4	(N)	ame of Person	1)				
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		4		(Address)					_
Bello	rami	, Deu	(City	State and Zip	58031 code)				_
For further in	nformation o	oncerning th	is matter, p	lease call:					
Donna	me of Person	<u>سر</u> ۱)	at (<u></u>	Area Code &	Daytime Tele	Numb	er).		
STRI Regis Divis 409 E	EET ADDI stration Section of Corp E. Gaines St hassee, FL	RESS: tion torations 32399		Area Code &	MAILING Registration Division of P.O. Box 6	ADDRESS: n Section Corporations	SECRETARY	7005 JUN 23 P 1: 03	1
⊠ \$70.00 Fil	ing Fee	Certifica	iling Fee & ate of Status		5 Filing Fee & fied Copy	Cert	50 Filing ificate of ified Cop	f Status	s &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

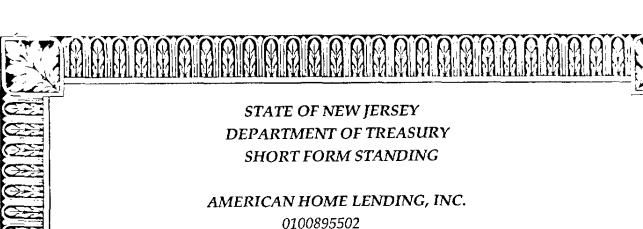
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1. American Home Leading, Tonc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
American Home Residential Trac (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. New Jersey 3. 59-3763790
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. January 8 0003 (Date of incorporation) 5. Terpetual (Duration: Year corp. will cease to exist or "perpetual")
5
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 3 Horseshoe have Mullica Hill NT 08062 moved
to The following addred Principal office address)
440 Banigno Blud Bellmany NT 08031
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
P. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: NRAJ Services Inc
Office Address: 2731 Executive Park Drive, St4
Wester Florida 33331 AFF E
(City) (Zip code)
Having been named as registered agent and to accept service of process for the above stated corporation at the place lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I urther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties,
and I am familiar with and accept the obligations of my position as registered agent.
NRAI Services, Inc.
by: Christin Elska 3-63-2005

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:

A. DIRECTORS			
Chairman: Sox			
Address:			
Vice Chairman:			
Address:			
		··-	
Director:			
Address:			
Director:			
Address:			
B. OFFICERS			
President: Kristina Johnston			
Address: 3 Horseshor Lane			
Mullica Hill, NJ 05062	<u> </u>	<u> </u>	.
Vice President: Bonar Tabako			
Address: 440 Benigro Blad.		·	
Bellmany NT 08031			
Secretary: Some as Pres.	SEC	<u> </u>	
Address:	EM EM		Mental Annual An
Treasurer: Same as VP	RY	23_	
Address:	DF S	U	J
	OR:	0	
NOTE: If necessary, you may attach an addendum to the application listing additional officers a	ınd/or di:	rectors.	
13. Lustina Johnston			
(Signature of Director or Officer listed in number 12 of the application)			
14. Kristina Johnston Tresident (Typed or printed name and capacity of person signing application)			



With the Previous or Alternate Name

AMERICAN TRUST LENDING, INC. (Previous Name)

AMERICAN HOME RESIDENTIAL, INC. (Alternate Name)

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on January 8, 2003.

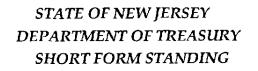
As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

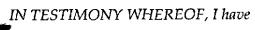
Donna Fisher. 3 Horseshoe Lane Mullica Hill, NJ 08062

Continued on next page . . .

SECRETARY OF STATE



AMERICAN HOME LENDING, INC.



hereunto set my hand and affixed my Official Seal at Trenton, this 11th day of May, 2005

John E McCormac, CPA

State Treasurer

SECRETARY OF STATE