

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2007 8:00 am
Secretary of State

05-30-2007 90005 024 ***550.00

DOCUMENT # F05000004583
 1. Entity Name
 AMERICAN UNITED MORTGAGE COMPANY



Principal Place of Business: 3100 DUNDEE, SUITE 102, NORTHBROOK, IL 60062
 Mailing Address: 3100 DUNDEE, SUITE 102, NORTHBROOK, IL 60062

40119027



DO NOT WRITE IN THIS SPACE

05102007 No Chg-P CR2E034 (11/05)

4. FEI Number: 36-3925595
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 G.R. ROBBINS & ASSOCIATES, P.A.
 3375-C CAPITAL CIRCLE, N.E.
 TALLAHASSEE, FL 32308

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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 \$550.00
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SALGANIK, EUGENE
STREET ADDRESS	9400 KENNETH STREET
CITY - ST - ZIP	SKOKIE, IL 60076
TITLE	V
NAME	PECK, ARKADY
STREET ADDRESS	1825 KENDALE LANE
CITY - ST - ZIP	GLENVIEW, IL 60025
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: _____ Date: 5-22-07 Daytime Phone #: 847-272-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR