2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# F05000006192

Entity Name: AMERICAN FARM MORTGAGE COMPANY, INC.

Current Principal Place of Business:

200 HIGH RISE DRIVE, SUITE 100
LOUSIVILLE, KY 40213

New Principal Place of Business:

Current Mailing Address:

200 HIGH RISE DRIVE, SUITE 100
LOUSIVILLE, KY 40213

New Mailing Address:

FEI Number: 61-1166858 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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:	C	( ) Delete
Name:	WILLIAMS, RICK J	
Address:	46 KINGWOOD DRIVE	
City-St-Zip:	ELDORADO, IL 62930	
Title:	D	( ) Delete
Name:	BECKEMEYER, KEVIN D	
Address:	901 HORIZON DRIVE	
City-St-Zip:	MARION, IL 62959	
Title:	D	( ) Delete
Name:	ROWE, MARTIN	
Address:	4 STUART PLACE	
City-St-Zip:	HARRISBURG, IL 62946	
Title:	P	( ) Delete
Name:	DAILY, KATHY A	
Address:	345 WAVA DRIVE	
City-St-Zip:	MT. WASHINGTON, KY 40047	
Title:	VP	( ) Delete
Name:	HAMILTON, PATICK A	
Address:	6603 BROOK FALLS COURT	
City-St-Zip:	LOUISVILLE, KY 40299	
Title:	S	( ) Delete
Name:	GRANT, PATRICIA	
Address:	3826 KLONDIKE LANE	
City-St-Zip:	LOUISVILLE, KY 40218	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: PAT GRANT S 01/10/2007

Electronic Signature of Signing Officer or Director — Date