


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90195 048 ***150.00

DOCUMENT # F06000007024	
1. Entity Name AMITY FUNDING MORTGAGE CORP.	

Principal Place of Business 6 WHIPPLE STREET NORTH ATTLEBORO, MA 02760	Mailing Address 6 WHIPPLE STREET NORTH ATTLEBORO, MA 02760
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2. Principal Place of Business - No P.O. Box # 1525 OLD LOUISQUISSET PIKE	3. Mailing Address 1525 OLD LOUISQUISSET PIKE
Suite, Apt. #, etc. A104	Suite, Apt. #, etc. A104
City & State LINCOLN, RI	City & State LINCOLN, RI
Zip 02865	Country



04242007 Chg-P CR2E034 (12/06)

4. FEI Number 83-0435536		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR. STE 41 WESTON, FL 33331		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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD JOHNSTON, RAYMOND M JR. 6 WHIPPLE STREET NORTH ATTLEBORO, MA 02760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD JOHNSTON, RAYMOND M JR. 1525 OLD LOUISQUISSET PIKE A104 LINCOLN, RI 02865 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07
Date

401-475-7400
Daytime Phone #