

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003022

FILED  
Sep 03, 2008  
Secretary of State

**Entity Name:** AMERITRAIN MORTGAGE INSTITUTE CORPORATION

**Current Principal Place of Business:**

340 INTERSTATE NORTH PKWY SUITE 380  
ATLANTA, GA 30339

**New Principal Place of Business:**

2785 LAWRENCEVILLE HWY  
SUITE 202  
DECATUR, GA 30033

**Current Mailing Address:**

340 INTERSTATE NORTH PKWY SUITE 380  
ATLANTA, GA 30339

**New Mailing Address:**

2785 LAWRENCEVILLE HWY  
SUITE 202  
DECATUR, GA 30033

**FEI Number:** 03-0378249

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
2731 EXECUTIVE PARK DR SUITE 4  
WESTON, FL 33331 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: WILSON, CAROL T  
Address: 340 INTERSTATE NORTH PKWY SUITE 380  
City-St-Zip: ATLANTA, GA 30339

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PS (X) Change ( ) Addition  
Name: WILSON, CAROL T  
Address: 2785 LAWRENCEVILLE HWY, SUITE 202  
City-St-Zip: DECATUR, GA 30033

I hereby certify that the information supplied with this filing does not qualify 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: CAROL WILSON

DIR

09/03/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date