2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # F94000002110

1. Entity Name

ALLIED HOME MORTGAGE CAPITAL CORPORATION

Principal Place of Business	Mailing Address
6110 PINEMONT #215 HOUSTON TX 77092 US	PO BOX 924527 HOUSTON TX 77292-4527 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/05)

4. FEI Number 76-0340141 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION FL 33324	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 constating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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 PD NAME HODGE, JIM C STREET ADDRESS 60 QUEEN STREET CITY-ST-ZIP FREDERIKSTED VI 00840	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S NAME TAYLOR, MICHELE STREET ADDRESS 6110 PINEMONT #215 CITY-ST-ZIP HOUSTON TX 77092	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000558593 05/17/06-80102-005 150.00 ☐ Change ☐ Addition
TITLE EVP NAME SEACH, JEANNE STREET ADDRESS 6110 PINEMONT DR #215 CITY-ST-ZIP HOUSTON TX 77092-3216	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VP NAME CLAPSADDLE, DON STREET ADDRESS 6110 PINEMONT DRIVE, SUITE 215 CITY-ST-ZIP HOUSTON TX 77092	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE T NAME TAYLOR, MICHELE STREET ADDRESS 6110 PINEMONT DRIVE, SUITE 215 CITY-ST-ZIP HOUSTON TX 77092	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 04/28/06 713-353-0487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #