


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # G98846 1. Entity Name AMERICAN MORTGAGE ACCEPTANCE CORPORATION	
-----------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

FILED

06 JUN -9 AM 11:09

Principal Place of Business 5301 N FEDERAL HWY STE 145 300 BOCA RATON FL 33487 US	Mailing Address 5301 N FEDERAL HWY STE 145 300 BOCA RATON FL 33487 US
----------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------



2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-2378631	Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent FEINSTEIN, EDWARD 5301 N FEDERAL HWY STE 145 300 BOCA RATON FL 33487	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
	State: 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 _____ (NOTE: Registered Agent signature required when re-registering) 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 D	NAME KRAKOVER, TED	TITLE	NAME
	STREET ADDRESS 17190 CORAL COVE WAY		STREET ADDRESS
	CITY-ST-ZIP BOCA RATON FL 33496		CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DP	NAME FEINSTEIN, EDWARD	TITLE	NAME
	STREET ADDRESS 16710 SENTERRA DRIVE		STREET ADDRESS
	CITY-ST-ZIP DELRAY BEACH FL 33484		CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME SHERMAN, WILFRED DECEASED	TITLE	NAME
	STREET ADDRESS 790 BOYLSTON STREET, SUITE 11H		STREET ADDRESS
	CITY-ST-ZIP BOSTON MA 02199		CITY-ST-ZIP
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
	STREET ADDRESS		STREET ADDRESS
	CITY-ST-ZIP		CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
	STREET ADDRESS		STREET ADDRESS
	CITY-ST-ZIP		CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
	STREET ADDRESS		STREET ADDRESS
	CITY-ST-ZIP		CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

100076390231

06/20/06--01051--006 **150.00

JC 6/13

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 an officer like empowered.

SIGNATURE: Edward Fein 5/31/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #