


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K58193		
1. Entity Name AMERICAN FEDERATED FINANCIAL CORPORATION		

Principal Place of Business 3015 N. OCEAN BLVD. #121 FT. LAUDERDALE, FL 33308-7300	Mailing Address 3015 N. OCEAN BLVD. #121 FT. LAUDERDALE, FL 33308-7300
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DO NOT WRITE IN THIS SPACE

07 MAY 25 AM 11:38
STATE
TALLAHASSEE, FLORIDA



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0098902	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FOSTER, REBECCA A. 3015 N. OCEAN BLVD. #121 FT. LAUDERDALE, FL 33308	DO NOT WRITE IN THIS SPACE
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAMBERT, JAMES E. 3015 N. OCEAN BLVD. FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOSTER, REBECCA A. 3015 N OCEAN BLVD, STE 121 FORT LAUDERDALE, FL 33308
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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 _____	Date _____	Daytime Phone # 954.563.2444
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