


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90217 019 ***150.00

DOCUMENT # P01000055777 1. Entity Name ADVISORS MORTGAGE CORPORATION	
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Principal Place of Business 4613 N UNIVERSITY DR #237 CORAL SPRINGS, FL 33067	Mailing Address 4613 N UNIVERSITY DR #237 CORAL SPRINGS, FL 33067
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DO NOT WRITE IN THIS SPACE



04222006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1109770	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DOMBROW, ALLAN B 4613 N UNIVESITY DR #237 CORAL SPRINGS, FL 33067

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IN THIS SPACE**

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, 2006 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	PDST DOMBROW, ALLAN B 4613 N. UNIVERSITY DR #237 CORAL SPRINGS, FL 33067
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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:  **Allan B. Dombrow** 4/24/06 954-777-0252

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