2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 26, 2006 08:00 AM Secretary of State **DOCUMENT # P01000082477** 1. Entity Name AMERICAN BIWEEKLY MORTGAGE CORP. Mailing Address Principal Place of Business 9766 WEST SAMPLE ROAD 9766 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 04112006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FE) Number Applied For 65-1134590 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HAROOTUNIAN, GEORGE DO NOT WRITE 9766 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065 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 will, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstiting) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS HILE HAROOTUNIAN, GEORGE NAME 9766 WEST SAMPLE ROAD STREET ADDRESS U00000535082 CITY - ST- ZIP CORAL SPRINGS, FL 33065 05/08/08-80039-002 (50.00 TITLE NAME STREET ADDRESS C(TY-ST-7)P TITLE NAME STREET ADDRESS DO NOT WRITE CATY-ST-70P IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 of directive corporation or the receiver or truetse empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

4/24/06 (954) 227-46'.

FILED