2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005
Secretary of State

DOCUMENT# P02000079186

Entity Name: AMERICAN FREEDOM MORTGAGE OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

217 AVE D SW
WINTER HAVEN, FL 33880

New Principal Place of Business:

306 ARROWROOT ROAD
WINTER HAVEN, FL 33880

Current Mailing Address:

217 AVE D SW
WINTER HAVEN, FL 33880

New Mailing Address:

PO BOX 758
EAGLE LAKE, FL 33839

FEI Number: 16-1616416 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHORETTE, MICHAEL C
227 LILY PAD LANE
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P (X) Delete
Name: SHORETTE, MICHAEL
Address: 307 ARROW ROOT ROAD
City-St-Zip: WINTER HAVEN, FL 33880

Title: VPST ( ) Delete
Name: SHORETTE, MICHAEL
Address: 217 AVE D SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: PST (X) Delete
Name: MORGAN, ANDRA
Address: 217 AVE D SW
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL C. SHORETTE VPST 04/21/2005
Electronic Signature of Signing Officer or Director Date