

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000096664

FILED  
Feb 05, 2006  
Secretary of State

**Entity Name:** AMERICAN NATIONAL FIDELITY REAL ESTATE TRUST, INC.

**Current Principal Place of Business:**

12820 SW 10TH COURT  
DAVIE, FL 33325

**New Principal Place of Business:**

**Current Mailing Address:**

765-B HIGH POINT DR E  
DELRAY BEACH, FL 33445

**New Mailing Address:**

**FEI Number:** 22-3870158

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, TIMOTHY  
765 B HIGH POINT DR E  
DELRAY BEACH, FL 33445 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: D ( ) Delete  
Name: BREWER, THELDA  
Address: 12820 SW 10TH COURT  
City-St-Zip: DAVIE, FL 33325

Title: D ( ) Delete  
Name: SMITH, TIMOTHY P  
Address: 765 B HIGH POINTE DRIVE EAST  
City-St-Zip: DEL RAY BEACH, FL 33445

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: PD (X) Change ( ) Addition  
Name: SMITH, TIMOTHY P  
Address: 765 B HIGH POINTE DRIVE EAST  
City-St-Zip: DEL RAY BEACH, FL 33445

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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:** TIMOTHY P. SMITH

PD

02/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date