

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000008235

FILED
Jan 10, 2007
Secretary of State

Entity Name: ALLIED MORTGAGE PROFESSIONALS, INC.

Current Principal Place of Business:

1515 S. FEDERAL HWY
121
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

1515 S. FEDERAL HWY
121
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 33-1039995 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MANN & WOLFF, LLP
33 S.E. 4TH STREET, SUITE 102
BOCA RATON, FL 33432 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: PRES () Delete
Name: MALIK, BEN
Address: 1451 W ROYAL PALM ROAD
City-St-Zip: BOCA RATON, FL 33486

Title: VP () Delete
Name: HOWERY, MICHELLE
Address: 100 SW 6TH AVE
City-St-Zip: BOCA RATON, FL 33486

Title: VP () Delete
Name: SILVA, PAUL
Address: 4070 NW 61ST WAY
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VP () Delete
Name: HOWERY, BRIAN S
Address: 100 SW 6TH AVE
City-St-Zip: BOCA RATON, FL 33432 US

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:

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 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: MICHELLE HOWERY

VP

01/10/2007

Electronic Signature of Signing Officer or Director

Date