

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000058432

FILED  
Jul 23, 2007  
Secretary of State

Entity Name: ALTERNATIVE FORECLOSURE SOLUTIONS, INC.

## Current Principal Place of Business:

490 OPA LOCKA BLVD.  
11  
MIAMI, FL 33054 US

## New Principal Place of Business:

## Current Mailing Address:

490 OPA LOCKA BLVD.  
11  
MIAMI, FL 33054 US

## New Mailing Address:

FEI Number: 27-0099039

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLARK, WILLIAM W  
4435 NW 73 WAY  
CORAL SPRINGS, FL 33065 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: VAUGHN, MARSHA  
Address: 11322 MICHELE WAY  
City-St-Zip: HAMPTON, GA 30228

Title: S ( ) Delete  
Name: WHITAKER, KARLYN  
Address: 4709 WASHINGTON ST  
City-St-Zip: HOLLYWOOD, FL 33021

Title: T ( ) Delete  
Name: VAUGHN, CLARENCE  
Address: 11322 MICHELE WAY  
City-St-Zip: HAMPTON, GA 30228

## 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 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: KARLYN WHITAKER

DIR

07/23/2007

Electronic Signature of Signing Officer or Director

Date