

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

05 SEP -8 11:59



DOCUMENT # P04000065529	
1. Entity Name ALL LENDERS MORTGAGE CORPORATION	



Principal Place of Business 9611 PARKVIEW AVE BOCA RATON, FL 33428 US	Mailing Address 9611 PARKVIEW AVE BOCA RATON, FL 33428 US
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2. Principal Place of Business 440 S. FEDERAL HWY Suite, Apt. #, etc. Suite 205 City & State Deerfield Beach Zip 33441 Country USA	3. Mailing Address 440 S. FEDERAL HWY Suite, Apt. #, etc. Suite 205 City & State Deerfield Beach Zip 33441 Country USA
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09062005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1047788	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PRINCE, GARY 9611 PARKVIEW AVE BOCA RATON, FL 33428	
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7. Name and Address of New Registered Agent Name GARY PRINCE Street Address (P.O. Box Number is Not Acceptable) 440 S. FEDERAL HWY #205 City Deerfield Bch FL Zip Code 33441	
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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 with, and accept the obligations of registered agent.

SIGNATURE <i>GARY PRINCE</i> Signature, typed or printed name of registered agent and title if applicable	GARY PRINCE (NOTE: Registered Agent signature required when reinstating)	9/6/05 DATE
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Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRINCE, GARY 9611 PARKVIEW AVE BOCA RATON, FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARY PRINCE 440 S. FEDERAL HWY #205 DEERFIELD BEACH FL 33441 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400059614184 09/14/05--01033--028 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>GARY PRINCE</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	GARY PRINCE Date	9/6/05 334-304-4590 Daytime Phone #
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B. Mitchell SEP 12 2005