2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000142489

Entity Name: AMERICAN DREAMS LENDERS, INC.

FILED May 04, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10491 N. KENDALL DR., SUITE F-102 9000 S.W. 137 AVENUE MIAMI, FL 33176

SUITE -201 MIAMI, FL 33186

Current Mailing Address: New Mailing Address:

9000 S.W. 137 AVENUE 10491 N. KENDALL DR., SUITE F-102 MIAMI, FL 33176

SUITE - 201 MIAMI, FL 33186

FEI Number: 20-1759049 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DE NORFOLK, MARTHA DE NORFOLK, MARTHA 10491 N. KENDALL DR., SUITE F-102 9000 S.W. 137 AVENUE

MIAMI, FL 33176 US SUITE - 201 MIAMI, FL 33186 US

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: MARTHA DE NORFOLK 05/04/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

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

Title: () Delete Title: (X) Change () Addition

DE NORFOLK, MARTHA DE NORFOLK, MARTHA Name: Name:

10491 N. KENDALL DR., SUITE F-102 9000 S.W. 137 AVENUE SUITE - 201 Address: Address:

City-St-Zip: MIAMI, FL 33176 City-St-Zip: MIAMI, FL 33186

Title: () Delete Title: (X) Change () Addition

DE NORFOLK, MARTHA C Name: DE NORFOLK, MARTHA C Name: 10491 N. KENDALL DR., SUITE F-102 Address: 9000 S.W. 137 AVENUE SUITE - 201 Address:

MIAMI, FL 33176 MIAMI, FL 33186 City-St-Zip: 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: MARTHA DE NORFOLK PD 05/04/2006