


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90059 002 ***150.00

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| DOCUMENT # P04000162119 |  |
| 1. Entity Name AMERICAN HALLMARK MORTGAGE CORPORATION | |

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| Principal Place of Business 4168 SOUTHPOINT PARK SUITE 200 JACKSONVILLE, FL 32216 | Mailing Address 4168 SOUTHPOINT PARK SUITE 200 JACKSONVILLE, FL 32216 |
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| 2. Principal Place of Business 4168 SOUTHPOINT PKWY | 3. Mailing Address 4168 SOUTHPOINT PKWY |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--------------|--------------|
| City & State | City & State |
| Zip | Country |
| Zip | Country |

01242006 Chg-P CR2E034 (11/05)

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| 4. FEI Number 20-1945213 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 5. Name and Address of Current Registered Agent WILCOX, RALEIGH M 13500 SUTTON PARK DRIVE SOUTH SUITE 703 JACKSONVILLE, FL 32224 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|--|---|

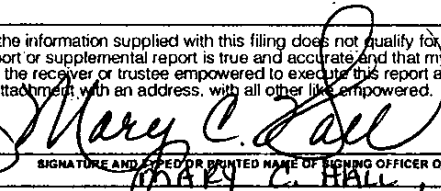
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when constituting) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 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 HALL, TERRY A 4207 LEEWARD POINT JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP-ADMIN MARY C. HALL 4207 LEEWARD POINT JACKSONVILLE FL 32225 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP-OPERATIONS BRUCE A. HALL 12534 SUN PALM DR JACKSONVILLE FL 32225 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CAROL N JOHNSON 8348 NEWTON RD JACKSONVILLE FL 32216 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CARLOS ARZOLA 3730 CRESWICK CIR UNIT A F ORANGE PARK FL 32065 <input type="checkbox"/> Change <input checked="" 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 exemptions contained 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 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 links empowered.

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|--|---------|-----------------|
| SIGNATURE:  | 2-23-06 | 904-899-0550 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MARY C. HALL, VP | Date | Daytime Phone # |

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