2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006
Secretary of State

DOCUMENT# P05000070290

Entity Name: ALLIED MORTGAGE COMMERCIAL FUNDING, INC.

Current Principal Place of Business:

4651 SHERIDAN STREET SUITE 270
HOLLYWOOD, FL 33021

New Principal Place of Business:

13680 NW 5 STREET
220
SUNRISE, FL 33325

Current Mailing Address:

4651 SHERIDAN STREET SUITE 270
HOLLYWOOD, FL 33021

New Mailing Address:

13680 NW 5 STREET
220
SUNRISE, FL 33325

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOSS, JEREMY A ESQ
4651 SHERIDAN STREET SUITE 270
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

KOSS, JEREMY A ESQ
13680 NW 5 STREET
220
SUNRISE, FL 33325 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: JEREMY A KOSS 02/08/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: JACOBS, DOUGLAS J
Address: 4651 SHERIDAN STREET SUITE 100
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete
Name: JACOBS, DANIEL
Address: 4651 SHERIDAN STREET SUITE 100
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete
Name: CHAO, ANTHONY
Address: 4651 SHERIDAN STREET SUITE 100
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: JACOBS, DOUGLAS J
Address: 13680 NW 5 STREET SUITE 220
City-St-Zip: SUNRISE, FL 33325

Title: D (X) Change ( ) Addition
Name: JACOBS, DANIEL
Address: 13680 NW 5 STREET SUITE 220
City-St-Zip: SUNRISE, FL 33325

Title: D (X) Change ( ) Addition
Name: CHAO, ANTHONY
Address: 13680 NW 5 STREET SUITE 220
City-St-Zip: SUNRISE, FL 33325

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: DOUGLAS J JACOBS D 02/08/2006
Electronic Signature of Signing Officer or Director Date