

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000133921

FILED
Apr 15, 2009
Secretary of State

Entity Name: AMTRUST PREFERRED FUNDING, P.A.

Current Principal Place of Business:

215 LITHIA PINE CREST ROAD
BRANDON, FL 33511

New Principal Place of Business:

2043 GREENWOOD VALLEY DR
PLANT CITY, FL 33563

Current Mailing Address:

12006 EMBARCADERO DR.
SEFFNER, FL 33584

New Mailing Address:

2043 GREENWOOD VALLEY DR
PLANT CITY, FL 33563

FEI Number: 20-5108631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUBAKER, BRIAN C
12006 EMBARCADERO DR
SEFFNER, FL 33584 US

Name and Address of New Registered Agent:

BRUBAKER, BRIAN C
2043 GREENWOOD VALLEY DR
PLANT CITY, FL 33563 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: _____

Electronic Signature of Registered Agent

04/15/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D, P () Delete
Name: BRUBAKER, BRIAN
Address: 17101 KITE GLIDE COURT
City-St-Zip: LITHIA, FL 33547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D, P (X) Change () Addition
Name: BRUBAKER, BRIAN
Address: 2043 GREENWOOD VALLEY DR
City-St-Zip: PLANT CITY, FL 33563

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: BRIAN BRUBAKER

D, P

04/15/2009

Electronic Signature of Signing Officer or Director

Date