
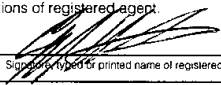


**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90102 002 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P93000018644</b>			
1. Entity Name <b>BANKERS AMERICAN MORTGAGE CORPORATION</b>			
Principal Place of Business <b>5675 SW 111 TERRACE DAVIE, FL. 33328 US</b>		Mailing Address <b>5675 SW 111 TERRACE DAVIE, FL 33328 . . . US</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0398458</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PERELMUTER, EYAL R 4624 HOLLYWOOD BLVD STE 203 HOLLYWOOD, FL 33021</b>		7. Name and Address of New Registered Agent Name <b>Perelmuter, Eyal R</b> Street Address (P.O. Box Number is Not Acceptable) <b>5675 SW 111 Terrace</b> City <b>DAVIE</b> FL <b>33328</b>	
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 reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PD SARLEY, DONALD J 4324 HOLLYWOOD BLVD STE 203 HOLLYWOOD, FL 33021</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PD SARLEY, DONALD J 5675 SW 111 Terrace DAVIE, FL 33328</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>VP PERELMUTER, EYAL R 4624 HOLLYWOOD BLVD SUITE 203 HOLLYWOOD, FL 33021</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>VP Perelmuter, Eyal R 5675 SW 111 Terrace DAVIE, FL 33328</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.

SIGNATURE: 

1/19/06 (01) 872-1185