

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000023206

FILED
Mar 24, 2005
Secretary of State

Entity Name: ATLANTIC MORTGAGE FUNDING, INC.

Current Principal Place of Business:

1530 CYPRESS DR
STE B
JUPITER, FL 33469

New Principal Place of Business:

8491 SOUTH FEDERAL HIGHWAY
PORT ST. LUCIE, FL 34552

Current Mailing Address:

1530 CYPRESS DR
STE B
JUPITER, FL 33469

New Mailing Address:

8491 SOUTH FEDERAL HIGHWAY
PORT ST. LUCIE, FL 34952

FEI Number: 65-0565802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURK, JAMES E
1530 CYPRESS DR STE B
JUPITER, FL 33469 US

Name and Address of New Registered Agent:

BURK, JAMES E
8491 SOUTH FEDERAL HIGHWAY
PORT ST. LUCIE, FL 34952 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:

03/24/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BURK, ROBIN
Address: 1530 CYPRESS DR #B
City-St-Zip: TEQUESTA, FL 33469

Title: VSTD () Delete
Name: BURK, JAMES
Address: 1530 CYPRESS DR #B
City-St-Zip: TEQUESTA, FL 33469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BURK, ROBIN
Address: 8481 SOUTH FEDERAL HIGHWAY
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VSTD (X) Change () Addition
Name: BURK, JAMES
Address: 8491 SOUTH FEDERAL HIGHWAY
City-St-Zip: PORT ST. LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES BURK

ST

03/24/2005

Electronic Signature of Signing Officer or Director

Date