

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000023206

FILED
Apr 06, 2006
Secretary of State

Entity Name: ATLANTIC MORTGAGE FUNDING, INC.

Current Principal Place of Business:

8491 SOUTH FEDERAL HIGHWAY
PORT ST. LUCIE, FL 34552

New Principal Place of Business:

Current Mailing Address:

8491 SOUTH FEDERAL HIGHWAY
PORT ST. LUCIE, FL 34952

New Mailing Address:

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
8491 SOUTH FEDERAL HIGHWAY
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

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

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES E BURK

VSTD

04/06/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date