

2005 FOR PROFIT CORPORATION ANNUAL REPORT

192

APPROVED AND FILED

05 APR 18 PM 12:09

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P96000006589

1. Entity Name
~~AMERICAN MORTGAGE EXCHANGE CORPORATION~~

INVESTOR WARRANTY GROUP, INC.



Principal Place of Business
2221 N.E. 202 STREET
MIAMI, FL 33180

Mailing Address
2221 N.E. 202 STREET
MIAMI, FL 33180

name chg. 4/15/05



04152005 Chg-P CR2E034 (10/03)

MRS

2. Principal Place of Business
5831 NE 20th TERRACE
Suite, Apt. #, etc.

3. Mailing Address
5831 NE 20th TERRACE
Suite, Apt. #, etc.

City & State
FT LAUDERDALE
Zip Country
33308 BROWARD

City & State
FT LAUDERDALE
Zip Country
33308 BROWARD

4. FEI Number
65-0660583
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALLBERG & RENZY, P.A.
10100 WEST SAMPLE RD., 3RD FLOOR
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name
DON NICHOLS
Street Address (P.O. Box Number is Not Acceptable)
5831 NE 20th TERRACE
City FT LAUDERDALE FL Zip Code 33308

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 Don Nichols Don Nichols 4/15/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BIRNHOLZ, JACK 2221 N.E. 202 STREET MIAMI, FL 33180	<input checked="" type="checkbox"/> Delete XX
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NICHOLS, DON 5831 NE 20th TERRACE FT LAUDERDALE, FL 33308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHERANY, GARY 620 PARK AVE #411 ROCHESTER, NY 14607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOHMAN, ROBERT 10113 RENFREW ROAD SILVER SPRINGS, MD 20901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 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: Don Nichols Don Nichols 4/15/05 954-202-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



CORPORATION SERVICE COMPANY

292

ACCOUNT NO. : 072100000032

REFERENCE : 317003 7482363

AUTHORIZATION :

Patricia Pigute

COST LIMIT : \$ 158.75

ORDER DATE : April 15, 2005

ORDER TIME : 9:38 AM

ORDER NO. : 317003-010

CUSTOMER NO: 7482363

CUSTOMER: Mr. Don Nichols
Investor Warranty Group, Inc.
5831 Ne 20th Terrace

Fort Lauderdale, FL 33308

ANNUAL REPORT FILING

NAME: AMERICAN MORTGAGE EXCHANGE CORPORATION

APR 18 10:44 AM '05
STATE OF FLORIDA
CORPORATION DIVISION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman-EXT#2908

EXAMINER'S INITIALS: _____