2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVEU AND FILED

05 APR 18 PM 12: 09

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	# P9600006589 ~	
I. Entity Name AMERICAN MORTO	SAGE EXCHANGE CORPORATION	
INVESTOR	WARRANTY GROUP, INC.	
Principal Place of Business	Mailing Address	TUVE CHZ.
2221 N.E. 202 STREET	2221 N.E. 202 STREET	4/15/05

MIAMI, FL 33180

2. Principal Place of Business 3. Mailing Address 5831 NE 20th TERRACE 5831 NE 20th TERRACE Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04152005 Chg-P City & State City & State 4. FEI Number Applied For FT LAUDERDALE FT LAUDERDALE 65-0660583 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 33308 BROWARD BROWARD <u>33308</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DON NICHOLS WALLBERG & RENZY, P.A. Street Address (P.O. Box Number is Not Acceptable) 5831 NE 20th TERRACE 10100 WEST SAMPLE RD., 3RD FLOOR CORAL SPRINGS, FL 33065 City Zip Code 33308 FT LAUDERDALE 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 Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE XXDelete Addition NICHOLS, DON PD NAME BIRNHOLZ, JACK NAME 5831 NE 20th TERRACE 2221 N.E. 202 STREET STREET ADDRESS STREET ADDRESS FT LAUDERDALE, FL 33308 CITY-ST-ZIP MIAMI, FL 33180 CITY-ST-ZIP ☐ Dalete TIME Change Addition CHERANY, GARY D NAME NAME STREET ADDRESS STREET ADDRESS 620 PARK AVE #411 CITY-ST-ZIP CITY-ST-ZIP ROCHESTER NY 14607 TITLE ☐ Delete TITLE Change Addition Addition D DOHMAN, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 10113 RENFREW ROAD CITY-ST-ZIP CITY-ST-ZIP SILVER SPRINGS, MD 20901 TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME 400051058674 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

MIAMI, FL 33180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

DON NICHOLS

4/15/05 954, Date Daytime Phone #

792



ACCOUNT NO. : 072100000032

REFERENCE :

317003

7482363

AUTHORIZATION :

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

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: