2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000021960

1. Entity Name
AMERITRUST FINANCIAL GROUP INC.

Principal Place of Business	Mailing Address
5601 SW 109 AVE FT LAUDERDALE, FL 33328 US	5722 S. FLAMINGO ROAD STE 306 FT LAUDERDALE, FL 33330

DO NOT WRITE IN THIS SPACE

04062006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0735932
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, DAVID A
5722 S. FLAMINGO ROAD
SUITE 244
FT LAUDERDALE, FL 33330

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

000080501749
04/25/06--80074-022 150.00

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	CLARK, DAVID A
STREET ADDRESS	5601 SW 109 AVENUE
CITY-ST-ZIP	FT LAUDERDALE, FL 33328
TITLE	ST
NAME	CLARK, JOANNE
STREET ADDRESS	5601 SW 109 AVENUE
CITY-ST-ZIP	FT LAUDERDALE, FL 33328
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: David A Clark 4-6-06 (954) 434-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #