## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000004545

SPANN, LORRÁINE M

#401 CARIBE 4050 OCEAN DR

LAUDERDALE BY THE SEA, FL 333080000

Name:

Address:

City-St-Zip:

Entity Name: AMERI-TRUST REALTY & MANAGEMENT, INC.

FILED Jan 04, 2006 Secretary of State

Current P	rincipal Pl	ace of Business:	New Prince	New Principal Place of Business:		
	5 AVENUE		1117 NE 1	5 AVENUE		
#6 FORT LAUDERDALE, FL 33304 US			#6 FORT LAU	FORT LAUDERDALE, FL 33304-000 US		
Current M	lailing Add	lress:	New Maili	New Mailing Address:		
P.O. BOX FT. LAUDI		L 333074651 US				
FEI Number:	: 65-0887343	FEI Number Applied For()	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	l Address	of Current Registered Agent:	Name and	Address of N	New Registered Agent:	
SPANN, R 2301 NE 1 WILTON N	6TH AVE	FL 333052405 US				
	e named ent e of Florida		e purpose of changing i	ts registered o	office or registered agent, or both,	
SIGNATUR	RE:					
	Elec	tronic Signature of Registered A	gent	Date		
Election Car	mpaign Finar	ncing Trust Fund Contribution ( ).				
OFFICER	S AND DIR	ECTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P SPANN, RO 2995 NE 18 OAKLAND		Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	S MARSHALL 1200 NE 12 FT LAUDER		Title: Name: Address: City-St-Zip:	SPANN, LORR 4050 N OCEAN		
Title: Name: Address: City-St-Zip:		() Delete EPHEN D TLAKE STREET OD, FL 330190000	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title:	VP	(X) Delete	Title:	(	) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: LORRAINE M SPANN S 01/04/2006