

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90186 024 ***150.00

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04272006 Chg-P CR2E034 (11/05)

DOCUMENT # P99000059647	
1. Entity Name AMERICAN DREAM MORTGAGE LENDERS, INC.	



Principal Place of Business 2616 GRIFFIN ROAD FORT LAUDERDALE, FL 33312	Mailing Address 2616 GRIFFIN ROAD FORT LAUDERDALE, FL 33312
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2. Principal Place of Business 3061 N.W. 211 Street Suite, Apt. #, etc.	3. Mailing Address 3061 N.W. 211 Street Suite, Apt. #, etc.
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City & State Miami Gardens, Florida	City & State Miami Gardens, Florida
Zip 33056	Country USA

4. FEI Number 65-0931246	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

b. Name and Address of Current Registered Agent SMALLS, PATRICIA ANN 2616 GRIFFIN ROAD FORT LAUDERDALE, FL 33312	
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7. Name and Address of New Registered Agent Name Patricia Ann Smalls Street Address (P.O. Box Number is Not Acceptable) 3061 N.W. 211 Street City Miami Gardens FL Zip Code 33056	
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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 _____ <small>Signature, typed or printed name of registered agent and state if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when registering)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SMALLS, PATRICIA ANN 2616 GRIFFIN ROAD FORT LAUDERDALE, FL 33312 <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
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	PSTD Smalls, Patricia Ann 3061 N.W. 211 Street Miami Gardens, Florida 33056 <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
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 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: <i>Patricia Ann Smalls</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <i>4/27/2006</i> <small>Date</small>	Daytime Phone #: <i>9543945950</i> <small>Daytime Phone #</small>
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