FILED
May 09, 2006 8:00 am
Secretary of State
05-09-2006 90085 002 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000087556

1. Entity Name
ALLSTATE MORTGAGE CONSULTANTS INC.

Principal Place of Business	Mailing Address
10695 HAMPTON RD JACKSONVILLE, FL 32257	8130 BAYMEADOWS CIRCLE WEST SUITE 208 JACKSONVILLE, FL 32256

2. Principal Place of Business	3. Mailing Address
	10695 Hampton Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Jacksonville, FL
City & State	City & State Jacksonville, FL
Zip / Country	Zip 32257 Country US

04252006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3602025 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WITTERUP, FELICIA Y 10695 HAMPTON ROAD JACKSONVILLE, FL 32257	Name Felicia Y. Witterup Street Address (P.O. Box Number Is Not Acceptable) 10695 Hampton Rd. City Jacksonville FL Zip Code 32257

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] 5/3/06

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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCAFEE, FELICIA 10695 HAMPTON ROAD JACKSONVILLE, FL 32257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Felicia Witterup 10695 Hampton Rd. Jacksonville, FL 32257	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] Felicia Y. Witterup 5/3/06 904.338.0894

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #