## 2007 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Mar 15, 2007 08:00 AM Secretary of State **DOCUMENT # 408219** 1. Entity Name CHASE DIVERSIFIED MORTGAGE CORPORATION Mailing Address Principal Place of Business ONE SOUTH OCEAN BLVD ONE SOUTH OCEAN BLVD **SUITE 200** SUITE 200 BOCA RATON, FL 33432 BOCA RATON, FL 33432 CR2E034 (11/05) No Chg-P 03072007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-2634112 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PARKER, ROBERT DO NOT WRITE 1180 SW 21ST LANE **BOCA RATON, FL 33432** IN THIS SPACE 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 redistered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) ed agers and title if applicable 9, Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE (8 \$150.00 Added to Fees After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS PTS TITLE PARKER, ROBERT NAME STREET ADDRESS 1180 S.W. 21ST LANE CITY ST. 7IP BOCA RATON, FL TITLE U00000666802 NAME 03/26/07-80002-016 150.OΦ STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME

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 or an apachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: