



**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 17, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # F05000000100	
1. Entity Name D & R MORTGAGE CORP.	

Principal Place of Business 29870 MIDDLEBELT ROAD, SUITE 100 FARMINGTON HILLS, MI 48334	Mailing Address 29870 MIDDLEBELT ROAD, SUITE 100 FARMINGTON HILLS, MI 48334
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08132007 No Chg-P CR2E034 (11/05)

4. FEI Number 38-3381042	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

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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)

<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000772315 08/17/07-80008-011 550.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GLASS, DAVID 29870 MIDDLEBELT ROAD, SUITE 100 FARMINGTON HILLS, MI 48334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LESSON, RANDAL 29870 MIDDLEBELT ROAD, SUITE 100 FARMINGTON HILLS, MI 48334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LESSON, RANDAL 29870 MIDDLEBELT ROAD, SUITE 100 FARMINGTON HILLS, MI 48334
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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 Glass      8/13/07      248-538-3030

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