

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000360

FILED
Mar 23, 2007
Secretary of State

Entity Name: CITIZENS FINANCIAL MORTGAGE, INC.

Current Principal Place of Business:

2773 PHILMONT AVE., SUITE C
HUNTINGDON VALLEY, PA 19006

New Principal Place of Business:

2600 PHILMONT AVE., SUITE 206
HUNTINGDON VALLEY, PA 19006

Current Mailing Address:

2773 PHILMONT AVE., SUITE C
HUNTINGDON VALLEY, PA 19006

New Mailing Address:

2600 PHILMONT AVE., SUITE 206
HUNTINGDON VALLEY, PA 19006

FEI Number: 68-0584838

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: SOLOMON, SCOTT L
Address: 2773 PHILMONT AVE., SUITE C
City-St-Zip: HUNTINGDON VALLEY, PA 19006

Title: VCVP () Delete
Name: GABER, RAMON
Address: 2773 PHILMONT AVE., SUITE C
City-St-Zip: HUNTINGDON VALLEY, PA 19006

Title: S () Delete
Name: KELLY, DONNA L
Address: 2773 PHILMONT AVE., SUITE C
City-St-Zip: HUNTINGDON VALLEY, PA 19006

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: SOLOMON, SCOTT L
Address: 2600 PHILMONT AVE., SUITE 206
City-St-Zip: HUNTINGDON VALLEY, PA 19006

Title: VCVP (X) Change () Addition
Name: GABER, RAMON
Address: 2600 PHILMONT AVE., SUITE 206
City-St-Zip: HUNTINGDON VALLEY, PA 19006

Title: S (X) Change () Addition
Name: KELLY, DONNA L
Address: 2600 PHILMONT AVE., SUITE 206
City-St-Zip: HUNTINGDON VALLEY, PA 19006

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.

SIGNATURE: SCOTT L. SOLOMON

CP

03/23/2007

Electronic Signature of Signing Officer or Director

_____ Date