

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001169

FILED
Jan 07, 2008
Secretary of State

Entity Name: SHADOWOOD MORTGAGE CORP.

Current Principal Place of Business:

32 SHADOWOOD DR.
HOPEWELL JCT., NY 12533

New Principal Place of Business:

4 NANCY CT
SUITE 5
WAPPINGERS FALLS, NY 12590

Current Mailing Address:

32 SHADOWOOD DR.
HOPEWELL JCT., NY 12533

New Mailing Address:

4 NANCY CT
SUITE 5
WAPPINGERS FALLS, NY 12590

FEI Number: 04-3727986

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHOEN, LINDA
1375 NE DIXIE HWY, LOT 43
JENSEN BEACH, FL 34975 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: CPST () Delete
Name: SCHOEN, JESSICA
Address: 32 SHADOWOOD DR.
City-St-Zip: HOPEWELL JCT., NY 12533

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JESSICA M. SCHOEN

PRES

01/07/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date