


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F93000003982

1. Entity Name
SECURITY MORTGAGE, INC.



Principal Place of Business 31 TEATICKET HIGHWAY EAST FALMOUTH, MA 02536	Mailing Address 31 TEATICKET HIGHWAY EAST FALMOUTH, MA 02536
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DO NOT WRITE IN THIS SPACE



09122007 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3068643	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

SCHWARTZ, FRANK H
234 WEST CHURCH ST.
LONGWOOD, FL 32750

**DO NOT WRITE
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 registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

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

U000000774091
09/14/07-80006-014 550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCVC PENA, ROBERT 850 #1 W. FALMOUTH HWY WEST FALMOUTH, MA 02574
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVPS PENA, ROBERT 850 W. FALMOUTH HWY #1 WEST FALMOUTH, MA 02574
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IN THIS SPACE**

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: Robert Pena 9-12-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #