2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F980000005807

Entity Name: BANK OF AMERICA CORPORATION

Current Principal Place of Business: 100 N TRYON ST
CHARLOTTE, NC  28255

New Principal Place of Business:

Current Mailing Address: 401 N TRYON ST
NC1-021-02-20
CHARLOTTE, NC  28255

New Mailing Address:

FEI Number: 56-0906609  FEI Number Applied For ( )  FEI Number Not Applicable ( )  Certificate of Status Desired ( )

Name and Address of Current Registered Agent: C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL  33324  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:

<table>
<thead>
<tr>
<th>Title</th>
<th>P/D ( ) Delete</th>
<th>Name</th>
<th>Address</th>
<th>City-County</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>P/D</td>
<td>( ) Delete</td>
<td>LEWIS, KENNETH D</td>
<td>401 N TRYON ST NC1-021-02-20</td>
<td>CHARLOTTE, NC  28255</td>
<td></td>
</tr>
<tr>
<td>P/D</td>
<td>( ) Delete</td>
<td>COKER, CHARLES W</td>
<td>401 N TRYON ST NC1-021-02-20</td>
<td>CHARLOTTE, NC  28255</td>
<td></td>
</tr>
<tr>
<td>P/D</td>
<td>( ) Delete</td>
<td>MAYS, SUSAN D</td>
<td>401 N TRYON ST NC1-021-02-20</td>
<td>CHARLOTTE, NC  28255</td>
<td></td>
</tr>
<tr>
<td>P/D</td>
<td>( ) Delete</td>
<td>MOSTYN, WILLIAM J III</td>
<td>401 N TRYON ST NC1-021-02-20</td>
<td>CHARLOTTE, NC  28255</td>
<td></td>
</tr>
<tr>
<td>P/D</td>
<td>( ) Delete</td>
<td>DD MOLINA, ALVARO G</td>
<td>401 N TRYON ST NC1-021-02-20</td>
<td>CHARLOTTE, NC  28255</td>
<td></td>
</tr>
<tr>
<td>P/D</td>
<td>( ) Delete</td>
<td>SPANGLER, MEREDITH R</td>
<td>401 N TRYON ST NC1-021-02-20</td>
<td>CHARLOTTE, NC  28255</td>
<td></td>
</tr>
</tbody>
</table>

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

<table>
<thead>
<tr>
<th>Title</th>
<th>Addition</th>
<th>Name</th>
<th>Address</th>
<th>City-County</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>SVP</td>
<td>(X) Addition</td>
<td>MROZ, GREG S</td>
<td>401 N TRYON ST NC1-021-02-20</td>
<td>CHARLOTTE, NC  28255</td>
<td></td>
</tr>
</tbody>
</table>

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: GREG S MROZ

Electronic Signature of Signing Officer or Director

Date 04/29/2007