2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 20, 2007
Secretary of State

DOCUMENT# P02000124875

Entity Name: PRIVATE MORTGAGE INVESTMENTS & TRUSTS, INC.

Current Principal Place of Business:

9310 OLD KINGS RD S
BLDG 15 SUITE 1501
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

9310 OLD KINGS RD S
BLDG 15 SUITE 1501
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 51-0435692 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COPELAND, DANIEL M
9310 OLD KINGS RD S
BLDG 15 SUITE 1501
JACKSONVILLE, FL 32257 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: COPELAND, DANIEL M
Address: 9310 OLD KINGS RD S, BLDG 15, SUITE 1501
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete
Name: COPELAND, SHARON L
Address: 9310 OLD KINGS RD S, BLDG 15, SUITE 1501
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Delete
Name: COPELAND, D. BRADY
Address: 9310 OLD KINGS RD S, BLDG 15, SUITE 1501
City-St-Zip: JACKSONVILLE, FL 32257

Title: VPD ( ) Delete
Name: COPELAND, JUSTIN M
Address: 9310 OLD KINGS RD S, BLDG 15, SUITE 1501
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: COPELAND, DANIEL M
Address: 9310 OLD KINGS RD S, BLDG 15, SUITE 1501
City-St-Zip: JACKSONVILLE, FL 32257

Title: PD (X) Change ( ) Addition
Name: COPELAND, SHARON L
Address: 9310 OLD KINGS RD S, BLDG 15, SUITE 1501
City-St-Zip: JACKSONVILLE, FL 32223

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

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: SHARON L. COPELAND D 11/20/2007

Electronic Signature of Signing Officer or Director — Date