2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000124447

Entity Name: ABWIN MORTGAGE CORPORATION

FILED Apr 11, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
11 RACETRACK ROAD NE BUILDING F FT. WALTON BEACH, FL 32547				11 RACETRACK ROAD NE SUITE A FT. WALTON BEACH, FL 32547			
Current Mailing Address:				New Mailing Address:			
11 RACETRACK ROAD NE				11 RACETRACK ROAD NE			
BUILDING F FT. WALTON BEACH, FL 32547			SUITE A FT. WALTON BEACH, FL 32547				
FEI Number:	20-3450673	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						ew Registered Agent:	
SPENCER, LISA JO 1104 EGLIN PARKWAY SHALIMAR, FL 32579 US							
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:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () D BROWN, ROBER 800 CHOCTAW L SHALIMAR, FL 3	ANE		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	S () D LAWRENCE, KAR 4570 SCARLET D CRESTVIEW, FL	REN E DRIVE		Title: Name: Address: City-St-Zip:	V (X) LAWRENCE, KA 4570 SCARLET CRESTVIEW, F	DRIVE	
Title: Name: Address: City-St-Zip:	V () D KELLEY, EDWAR 861 MACK BAYO SANTA ROSA BC	RD L JR U RD		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	V () D TANO, MICHAEL I 2409 JUNEAU LN NAVARRE, FL 32	N		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	BRIDGET, BROW 232 ROSE MARIE			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	V () D SAUNDERS, MIA 419 CHRISTOPHI CRESTVIEW, FL	ER DR		Title: Name: Address: City-St-Zip:	S (X) SAUNDERS, MI 419 CHRISTOPI CRESTVIEW, F	HER DR	

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: KAREN LAWRENCE V 04/11/2007