


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P06000135590 |  |
| 1. Entity Name A-PLUS MORTGAGE AND FINANCE INC. | |

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| Principal Place of Business 5556 WILLOW BEND TRAIL KISSIMMEE, FL 34758 | Mailing Address 5556 WILLOW BEND TRAIL KISSIMMEE, FL 34758 |
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01282008 No Chg-P CR2E034 (11/05)

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|-----------------------------|-------------------------------|
| 4. FEI Number 20-5340988 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RAFAEL, MARTE
 5556 WILLOW BEND TRAIL
 KISSIMMEE, FL 34758

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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 reappointing) DATE: 1/30/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

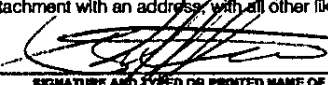
9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000872074
 04/10/08-20023-017 150.00

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MARTE, RAFAEL 5556 WILLOW BEND TRAIL KISSIMMEE, FL 34758 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MARTE, ELIZABETH 5556 WILLOW BEND TRAIL KISSIMMEE, FL 34758 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST SALDIVIAS, DANIEL 5556 WILLOW BEND TRAIL KISSIMMEE, FL 34758 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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:  DATE: 1/30/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #