

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07630

FILED
Apr 13, 2006
Secretary of State

Entity Name: GMAC MORTGAGE GROUP, INC.

Current Principal Place of Business:

200 RENAISSANCE CTR
DETROIT, MI 48265

New Principal Place of Business:

Current Mailing Address:

CORP COMPLIANCE
100 WITMER RD BOX 963
HORSHAM, PA 19044963 US

New Mailing Address:

FEI Number: 38-2594097 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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:

Title: DP () Delete
Name: FELDSTEIN, ERIC A
Address: 767 FIFTH AVENUE
City-St-Zip: NEW YORK, NY 10153

Title: AGC () Delete
Name: PATTERSON, ROBERT H
Address: 100 WITMER RD BOX 963
City-St-Zip: HORSHAM, PA

Title: MDCF () Delete
Name: WALKER, DAVID C
Address: 200 RENAISSANCE CTR
City-St-Zip: DETROIT, MI 48265

Title: ACAS () Delete
Name: SCHWARTZ, ROBERT L
Address: 200 WITMER ROAD
City-St-Zip: HORSHAM, PA 19044

Title: VP () Delete
Name: DALY, MICHAEL J
Address: 100 WITMER ROAD
City-St-Zip: HORSHAM, PA 19044

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: APPLGATE, DAVID M
Address: 4 WALNUT GROVE DRIVE
City-St-Zip: HORSHAM, PA 19044

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: DAVID M. APPLGATE

DP

04/13/2006

Electronic Signature of Signing Officer or Director

_____ Date