

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J94674

FILED
Jan 21, 2007
Secretary of State

Entity Name: ROYAL AMERICAN MORTGAGE CO.

Current Principal Place of Business:

1726 NEW HAVEN PT LANE
WEST PALM BEACH, FL 33411 US

New Principal Place of Business:

3662 WOODS WALK BLVD
LAKE WORTH, FL 33467 US

Current Mailing Address:

1726 NEW HAVEN PT LANE
WEST PALM BEACH, FL 33411 US

New Mailing Address:

3662 WOOS WALK BLVD
LAKE WORTH, FL 33467 US

FEI Number: 65-0012952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOCHAT, PATRICIA J
1726 NEW HAVEN PT LANE
WEST PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

SHOCHAT, PATRICIA J
3662 WOODS WALK BLVD
LAKE WORTH, FL 33467 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: PATRICIA J SHOCHAT

01/21/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHOCHAT, PATRICIA J
Address: 1726 NEW HAVEN PT LANE
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: VP () Delete
Name: ALTMAN, RACHAEL
Address: 2556 SW 15TH STREET
City-St-Zip: DEERFIELD BEACH, FL 33422

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHOCHAT, PATRICIA J
Address: 3662 WOODS WALK BLVD
City-St-Zip: LAKE WORTH, FL 334167 US

Title: VP (X) Change () Addition
Name: ALTMAN, RACHAEL
Address: 3662 WOODS WALK BLVD
City-St-Zip: LAKE WORTH, FL 33467

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: PATRICIA J SHOCHAT

PD

01/21/2007

Electronic Signature of Signing Officer or Director

Date