## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 416794** 

Entity Name: PRIME HOME MORTGAGE, INC.

FILED Apr 25, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2 PINE LAKES PARKWAY NORTH 4721 E. MOODY BLVD.

SUITE 4 SUITE 304

PALM COAST, FL 32137 US BUNNELL, FL 32110 US

Current Mailing Address: New Mailing Address:

2 PINE LAKES PARKWAY NORTH 4721 E. MOODY BLVD.

SUITE 4 SUITE 304

PALM COAST, FL 32137 US BUNNELL, FL 32110 US

FEI Number: 13-2809548 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SYPNIEWSKI, FRANK A JR.
2 PINE LAKES PKWY NORTH
3TE 4

SYPNIEWSKI, FRANK A JR.
4721 E. MOODY BLVD.
SUITE 304

PALM COAST, FL 32137 US SUITE 304
BUNNELL, FL 32110 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: NOREEN DERRIG 04/25/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

Name:SPIRES, CHRISSName:SPIRES, CHRISSAddress:2 PINE LAKES PARKWAY NORTH STE 4Address:4721 E. MOODY BLVD., SUITE 304

City-St-Zip: PALM COAST, FL 32137 City-St-Zip: BUNNELL, FL 32110

ORY-01-21P. PALIVI GOAGT, TE 32197

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition Name: FROMM, MARY Name: FROMM, MARY

Address: 2 PINE LAKES PKWY NORTH STE 4 Address: 4721 E. MOODY BLVD., SUITE 304

City-St-Zip: PALM COAST, FL 32137 City-St-Zip: BUNNELL, FL 32110

 Title:
 DCE () Delete
 Title:
 DCE (X) Change () Addition

 Name:
 SYPNIEWSKI, FRANK A JR.
 Name:
 SYPNIEWSKI, FRANK A JR.

 Address:
 2 PINE LAKES PKWY NORTH STE 4
 Address:
 4721 E. MOODY BLVD., SUITE 304

City-St-Zip: PALM COAST, FL 32137 City-St-Zip: BUNNELL, FL 32110

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: NOREEN DERRIG MNGR 04/25/2007