


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # 447840 1. Entity Name CIRCLE MORTGAGE CORPORATION	
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Principal Place of Business 6600 TAFT STREET 4TH FL HOLLYWOOD, FL 33024 US	Mailing Address 6600 TAFT STREET 4TH FL HOLLYWOOD, FL 33024 US
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01212008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1660044	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LEVITT, DAVID 6600 TAFT STREET SUITE 400 HOLLYWOOD, FL 33024
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**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVITT, DAVID 6600 TAFT ST 4TH FLOOR HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEVITT, KATHY 6600 TAFT ST 4TH FLOOR HOLLYWOOD, FL
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05/05/08-80024-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **DAVID LEVITT** ✓ 1-28-08 ✓ 954-981-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #