2007 FOR PROFIT CORPORATION

ANNUAL REPORT Jan 23, 2007 08:00 AM **Secretary of State DOCUMENT #678302** HOME EQUITY MORTGAGE CORPORATION Mailing Address Principal Place of Business 7333 CORAL WAY 7333 CORAL WAY MIAMI, FL 33155 MIAMI, FL 33155 US 01032007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2198039 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DAVIDE, ANA M DO NOT WRITE 7333 CORAL WAY MIAMI, FL 33155 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE DAVIDE, ANA MARIA NAME STREET ADDRESS 2015 COUNTRY CLUB PRADO U00000598841 CITY-ST-ZIP CORAL GABLES, FL 01/25/07-80003-003 150.00 VP TITLE DAVIDE, SALVATORE J NAME STREET ADDRESS 7333 CORAL WAY CITY-ST-ZIP MIAMI, FL 33155 NAME STREET ADDRESS DO NOT WRITE CITY-S1-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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: _

TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

rolot

305/2615400

FILED