
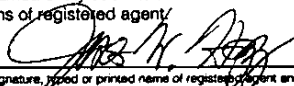
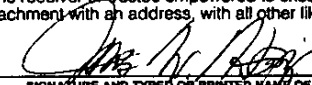


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90024 027 ***150.00

DOCUMENT # 696348 1. Entity Name HOGG MORTGAGE SERVICES, INC.					
Principal Place of Business 2335 TAMiami TRAIL N 306 NAPLES, FL 34103 US			Mailing Address PO BOX 60112 FT. MYERS, FL 33906 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01252008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 59-2112279	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HOGG, HOWARD W 1519 SADDLE WOODS DRIVE FT. MYERS, FL 33919				Name JAMES W. HOGG Street Address (P.O. Box Number is Not Acceptable) 1519 SADDLE WOODS DR City FT. MYERS FL Zip 33919	
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 the obligations of registered agent. SIGNATURE:  JAMES W HOGG 1-25-2008 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	PTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGG, JAMES W		NAME	JAMES W HOGG	
STREET ADDRESS	1519 SADDLE WOODS DRIVE		STREET ADDRESS	1519 SADDLE WOODS DR	
CITY-ST-ZIP	FT. MYERS, FL		CITY-ST-ZIP	FT MYERS FL	
TITLE	VSD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOGG, HOWARD W		NAME		
STREET ADDRESS	1519 SADDLE WOODS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  JAMES W. HOGG			1-25-2008 279 247 5011 <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>		

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