



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # F01000005325		
1. Entity Name PARAMOUNT MORTGAGE SERVICES, INC.		
Principal Place of Business 231 CROSSWICKS RD, STE 5 BORDENTOWN, NJ 08505	Mailing Address 231 CROSSWICKS RD, STE 5 BORDENTOWN, NJ 08505	
DO NOT WRITE IN THIS SPACE		
		01182007 No Chg-P CR2E034 (11/05)
4. FEI Number 22-3039548		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331		DO NOT WRITE 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 the obligations of registered agent.		
SIGNATURE _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		01/23/07-80031-012 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MODUGNO, JOHN A 231 CROSSWICKS RD, STE 5 BORDENTOWN, NJ	DO NOT WRITE IN THIS SPACE
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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: John A. Modugno, President		609/298-8886
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>