## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # F01000006035

1. Entity Name
AFFINITY MORTGAGE AND INVESTMENT COMPANY



FILED
May 16, 2007 08:00 A
Secretary of State

Principal Place of Business 147 ROYAL OAK DRIVE GUYTON, GA 31312 US Mailing Address

147 ROYAL OAK DRIVE GUYTON, GA 31312 U



05102007

No Chg-P

CR2E034 (11/05)

4. FEI Number 58-2505133

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

GOTTLIEB & GOTTLIEB PA 2475 ENTERPRISE RD STE 100 CLEARWATER, FL 33763

## DO NOT WRITE IN THIS SPACE

| OLL/WWW.TLK, TE 35755   |   |                                     |                               |                                |   |  |
|---|---|-------------------------------------|-------------------------------|--------------------------------|---|--|
| the obligat   | ions of registered agent.   |                                     | ed office or r                | egistered agent, or bo         | oth, in the State of Florida. I am familiar with, and accept 1000000764632<br>05/31/07-80006-009 150.00 |  |
|   | Signature, typed or printed name of registered agent and titl       | le if applicable. (NOTE: Registered | d Agent signature             | required when reinstating)     | DATE  |  |
| FILE NOW!!! FEE IS \$150.00  Due by September 14, 2007  9. Election Campa Trust Fund Cont |   |                                     | cing                          | \$5.00 May Be<br>Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.            |  |
| 10.   | OFFICERS AND DIRECTORS  |                                     |                               |                                |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PVST<br>JOSEPH, SAMANTHA<br>147 ROYAL OAK DRIVE<br>GUYTON, GA 31312 |                                     |                               |                                |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | •   |                                     | DO NOT WRITE<br>IN THIS SPACE |                                |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |                                     |                               |                                |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |                                     |                               |                                |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |                                     |                               |                                | •   |  |
| TITLE NAME STREET ADDRESS   |   |                                     | ,                             |                                |   |  |

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:

SIGNATURE AND TYPED ON PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

5/10/07

912728 9145