2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2007
Secretary of State

DOCUMENT# F02000005199

Entity Name: UNITED MORTGAGE CORPORATION OF AMERICA

Current Principal Place of Business:

328 N. OLYMPIC AVENUE
ARLINGTON, WA 98223

New Principal Place of Business:

119 BROADWAY AVE S
BUHL, ID 83316

Current Mailing Address:

328 N. OLYMPIC AVENUE
ARLINGTON, WA 98223

New Mailing Address:

119 BROADWAY AVE S
BUHL, ID 83316

FEI Number: 91-1676322 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FLORIDA COMPLIANCE SPECIALISTS, INC.
2331 HANSEN PLACE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: LEGLER, DONNA L
Address: 920 ROBERTSON STREET
City-St-Zip: BUHL, ID 83316

Title: VP ( ) Delete
Name: LEGLER, GARY F
Address: 920 ROBERTSON STREET
City-St-Zip: BUHL, WA 83316

Title: S ( ) Delete
Name: MILLER, APRIL E
Address: 937 E 3900 NORTH
City-St-Zip: BUHL, ID 83316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA L LEGLER PRES 01/03/2007

Electronic Signature of Signing Officer or Director — Date