APR-5-2007 11:19 FROM: 7706432354

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Secretary of State
05-18-2007 90027 015 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000001040

1. Entity Name
APEX MORTGAGE GROUP, INC.

40116436

Principal Place of Business	Mailing Address
515 E. CROSSVILLE ROAD SUITE 310 ROSWELL, GA 30075	515 E. CROSSVILLE ROAD SUITE 310 ROSWELL, GA 30075

04032007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
12045 Wildwood Springs	5555 Glenridge Connector
Suite, Apt. #, etc Drive	Suite, Apt. #, etc. Suite 200
City & State Roswell GA	City & State Atlanta GA
Zip 30075 Country USA	Zip 30342 Country USA

4. FEI Number 58-2439092 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP WEBSTER, KEITH A 515 E. CROSSVILLE ROAD, SUITE 310 ROSWELL, GA 30075	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 12045 Wildwood Springs Dr. Roswell, GA 30075
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, KIMBERLY D 515 E. CROSSVILLE ROAD, SUITE 310 ROSWELL, GA 30075	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition Keith A. Webster 12045 Wildwood Springs Dr Roswell, GA 30075
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] 4/05/07 (770)310-1360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #