

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002699

FILED
Apr 10, 2008
Secretary of State

Entity Name: NEIGHBORHOOD MORTGAGE, INC.

Current Principal Place of Business:

1835 LOCKEWAY DRIVE
SUITE 306
ALPHARETTA, GA 30004

New Principal Place of Business:

Current Mailing Address:

1835 LOCKEWAY DRIVE
SUITE 306
ALPHARETTA, GA 30004

New Mailing Address:

FEI Number: 58-2647531 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NORWOOD, JOELLEN
5127 MADISON LAKES CIRCLE EAST
FT. LAUDERDALE, FL 33328 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: P () Delete
Name: NORWOOD, JOHN D III
Address: 6870 NORTH CREEKSIDE PT.
City-St-Zip: CUMMING, GA 30041

Title: VP () Delete
Name: REULAND, JAMES W
Address: 2255 BRICKER COURT
City-St-Zip: CUMMING, GA 30041

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: SONYA PURDOM

OM

04/10/2008

Electronic Signature of Signing Officer or Director

_____ Date