2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002460

112 GENOA COURT

WALNUT CREEK, CA 94598

Address: City-St-Zip:

FILED Aug 16, 2007 Secretary of State

Entity Name: MORTGAGE CENTER OF AMERICA, INC. **Current Principal Place of Business: New Principal Place of Business:** 2815 MITCHELL DRIVE SUITE 118 WALNUT CREEK, CA 94598 **New Mailing Address: Current Mailing Address:** 2815 MITCHELL DRIVE SUITE 118 WALNUT CREEK, CA 94598 FEI Number: 94-3341785 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FLORIDA REGISTERED AGENTS, INC. HAND, KATHLEEN M 18115 U.S. HWY 41 N 122 WEST HILLCREST STREET ALTAMONTE SPRINGS, FL 32714 SUITE 200 LUTZ, FL 33549 US 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: KATHLEEN M. HAND 08/16/2007 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition HAND, WILLIAM J JR Name: Name: 4052 WILSON LANE Address: Address: City-St-Zip: CONCORD, CA 94521 City-St-Zip: Title: Title: () Delete () Change () Addition Name: HAND, SHERRY BULLOCK Name: 4052 WILSON LANE Address: Address: CONCORD, CA 94521 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition MUSACCHIO, STEPHANE Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: WILLIAM J. HAND, JR. **PRES** 08/16/2007