2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003095

City-St-Zip:

Entity Name: BRADFORD MORTGAGE INC.

FILED Jan 06, 2007 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
60 SURFVIEW DRIVE				6275 A1A SOUTH			
615 PALM COAST, FL 32137				104 SAINT AUGUSTINE, FL 32080			
Current Mailing Address:				New Mailing Address:			
60 SURFVIEW DR				6275 A1A SOUTH			
615 PALM COAST, FL 32137				104 SAINT AUGUSTINE, FL 32080			
	: 62-1844514	FEI Number Applied For()	FEI Nur	nber Not Appl	·	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
NEAL, BRADFORD K MR. 60 SURFVIEW DR. 615 PALM COAST, FL 32137 US				NEAL, BRADFORD K MR. 6275 A1A SOUTH 104 SAINT AUGUSTINE, FL 32080 US			
	e of Florida.	submits this statement for the	purpose o	of changing i	ts registered	office or registered agent, or both, 01/06/2007	
Electronic Signature of Registered Agent				Date			
Election Car		g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	NEAL, BRADEC 60 SURFVIEW PALM COAST,	DR. #615		Title: Name: Address: City-St-Zip: Title:	VP () Change () Addition) Change (X) Addition	
Name: Address: City-St-Zip:				Name: Address: City-St-Zip:	SMITH, CYNT 60 SURFVIEV PALM COAST	V DR	
Title: Name: Address: City-St-Zip:	()) Delete		Title: Name: Address: City-St-Zip:	V P (SINCLAIR, MI 60 SURFVIEV PALM COAST	V DR	
Title: Name: Address:) Delete		Title: Name: Address:	V P (WHITAKER, F 60 SURFVIEW		

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.

City-St-Zip:

PALM COAST, FL 32137

SIGNATURE: BRADFORD K NEAL PRES 01/06/2007