


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90867 032 ***150.00

DOCUMENT # F05000001256	
1. Entity Name SUBURBAN HOME MORTGAGE, INC.	

Principal Place of Business 246 WEST THIRD STREET DAVENPORT, IA 52801	Mailing Address 246 WEST THIRD STREET DAVENPORT, IA 52801
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2. Principal Place of Business - No P.O. Box # 200 W. 3rd Street	3. Mailing Address 200 W. 3rd Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Davenport IA	City & State Davenport, IA
Zip 52801	Zip 52801
Country SCOTT	Country SCOTT

60046233



04272007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent TJADEN, THOMAS R 2506 SOUTHWEST NINTH DRIVE GAINESVILLE, FL 32601	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE C	<input type="checkbox"/> Delete
NAME CARROLL, JOHN M	
STREET ADDRESS 310 MAIN STREET	
CITY-ST-ZIP DAVENPORT, IA 52801	
TITLE P	<input type="checkbox"/> Delete
NAME WELLMAN, STEVEN M	
STREET ADDRESS 246 WEST THIRD STREET	
CITY-ST-ZIP DAVENPORT, IA 52801	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: STEVEN M. WELLMAN **STEVEN M. WELLMAN** 4/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #