2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001460

LEARY, GERARD

152 SANDFORD AVE.

NORTH PLAINFIELD, NJ 07060

Name:

Address: City-St-Zip:

Entity Name: PLACK DIVED MODECACE COMP.

FILED Feb 12, 2007 Secretary of State

Entity Name: BLACK RIVER MORTGAGE COMPANY, INC. **Current Principal Place of Business: New Principal Place of Business:** 415 ROUTE 24 31 FAIRMOUNT AVENUE CHESTER, NJ 07930 CHESTER, NJ 07930 **Current Mailing Address: New Mailing Address:** 31 FAIRMOUNT AVENUE 415 ROUTE 24 CHESTER, NJ 07930 CHESTER, NJ 07930 FEI Number: 22-3634576 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: STYERS, JESSICA ANN 3118 SEÁ MARSH ROAD AMELIA ISLAND, FL 32034 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition DAVIS, ROBERT L DAVIS, ROBERT L PRESIDE Name: Name: 4 SWAYZE LANE 4 SWAYZE LANE Address: Address: City-St-Zip: CHESTER, NJ 07930 City-St-Zip: CHESTER, NJ 07930 Title: VST Title: () Delete () Change () Addition Name: DAVIS, MARY LOUISE Name: 4 SWAYZE LANE Address: Address: CHESTER, NJ 07930 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT L. DAVIS CP 02/12/2007