2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007
Secretary of State

DOCUMENT# F05000004163

Entity Name: FIRST EQUITY MORTGAGE OF OHIO, INC.

Current Principal Place of Business:

7265 KENWOOD ROAD, SUITE 111
CINCINNATI, OH 45236

New Principal Place of Business:

7265 KENWOOD ROAD, SUITE 111
CINCINNATI, OH 45236

Current Mailing Address:

7265 KENWOOD ROAD, SUITE 111
CINCINNATI, OH 45236

New Mailing Address:

7265 KENWOOD ROAD, SUITE 111
CINCINNATI, OH 45236

FEI Number: 31-1060110 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: C ( ) Delete
Name: WILLIAMS, MARK A
Address: 211 GRANDVIEW
City-St-Zip: FT. MITCHELL, KY 41017

Title: D ( ) Delete
Name: DREES, RALPH
Address: 211 GRANDVIEW
City-St-Zip: FT. MITCHELL, KY 41017

Title: D ( ) Delete
Name: HEMMER, LYNN
Address: 211 GRANDVIEW
City-St-Zip: FT. MITCHELL, KY 41017

Title: P ( ) Delete
Name: JAFFE, STUART J
Address: 7265 KENWOOD ROAD, SUITE 111
City-St-Zip: CINCINNATI, OH 45236

Title: VT ( ) Delete
Name: COOK, DEBORAH A
Address: 7265 KENWOOD ROAD, SUITE 111
City-St-Zip: CINCINNATI, OH 45236

Title: S ( ) Delete
Name: WALTER, DIANNE M
Address: 211 GRANDVIEW
City-St-Zip: FT. MITCHELL, KY 41017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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: STUART J JAFFE PRES 02/27/2007

Electronic Signature of Signing Officer or Director — Date