2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # F95000004838



FILED May 01, 2008 8:00 am Secretary of State

Pincipal Place of Business Mailing Address See 1857 DAILAND PARK BLVD. SUFF 302 SUB- AVENUE SUB- MINE SUB- AVENUE	JN MORT	GAGE COMPANY, INC.			05-01-2008 90250 025 ***158.75	
Suite Apt. 4, pic Suite Suite, Apt. 4, pic	690-700 UTI	CA AVENUE	3661 WEST OAKLAND P SUITE 302			!
City & State City & State Country Zing 10 Country Signature Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O-Box Number is Not Acceptable) Cey FL Zip Code Street Address (P.O-Box Number is Not Acceptable) Cey FL Zip Code Street Address (P.O-Box Number is Not Acceptable) Cey FL Zip Code Street Address (P.O-Box Number is Not Acceptable) Cey FL Zip Code Street Address (P.O-Box Number is Not Acceptable) Cey FL Zip Code Street Address (P.O-Box Number is Not Acceptable) Cey FL Zip Code Street Address (P.O-Box Number is Not Acceptable) Cey FL Zip Code Street Address (P.O-Box Number is Not Acceptable) Cey FL Zip Code Street Address (P.O-Box Number is Not Acceptable) Cey FL Zip Code Street Address (P.O-Box Number is Not Acceptable) Cey FL Zip Code Street Address (P.O-Box Number is Not Acceptable) Cey FL Zip Code Street Address (P.O-Box Number is Not Acceptable) Cey FL Zip Code Street Address (P.O-Box Number is Not Acceptable) Cey FL Zip Code Street Address (P.O-Box Number is Not Acceptable) DATE After Many 1, 2008 Fee will be 3550.00 DATE After Many 1, 2008 Fee will be 3550.00 Date	2. Principal Pi	ace of Business - No P.O. Box #	3. Mailing Address 4510 INVERRARY			
Country Sign Country Cou	Suite, Apt.	#, etc.			04292008 Chg-P CR2E034 (12/06)	
S. Name and Address of Current Registered Agent 1. Name and Address of New Registered agent 1. Name and Addre	City & State		City & State LAUDERHILL, FLC	ORIDA		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 City FL Zip Code 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 Title NOWIII: FEE IS \$150.00		(1)			5. Certificate of Status Desired Fee Required	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 City FL Zip Code 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 Signatur, speed or printed agent are of agreement agent and the flags agent are to a suphrable. PILE NOW!!! FEE IS \$150.00. After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ITILE IMAE JARRETT, EARL W ASSIGNATURE PC JARRETT, EARL W SITIET ADDRESS CITY-ST-ZIP MITCHELL, LEON 361 WEST OAKLAND PARK BLVD., STE 302 STREET ADDRESS OITY-ST-ZIP TITLE MMC MITCHELL, LEON 366 WEST OAKLAND PARK BLVD., STE 302 STREET ADDRESS CITY-ST-ZIP BHOORASINGH, HARRY SIREET ADDRESS CITY-ST-ZIP BHOORASINGH, HARRY BHOORASINGH, HARRY STREET ADDRESS CITY-ST-ZIP BROOKLYN, NY 11203 TITLE MME BARTLETT, CARMEN STREET ADDRESS CITY-ST-ZIP BROOKLYN, NY 11203 TITLE MME BARTLETT, CARMEN STREET ADDRESS CITY-ST-ZIP BROOKLYN, NY 11203 TITLE MME BARTLETT, CARMEN STREET ADDRESS CITY-ST-ZIP BROOKLYN, NY 11203 TITLE MME BARTLETT, CARMEN STREET ADDRESS CITY-ST-ZIP BROOKLYN, NY 11203 TITLE MME BARTLETT, CARMEN STREET ADDRESS CITY-ST-ZIP BROOKLYN, NY 11203 TITLE MAME STREET ADDRESS CITY-ST-ZIP Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP BROOKLYN, NY 11203 TITLE MAME STREET ADDRESS CITY-ST-ZIP Change Chang		6. Name and Address of Curren	t Registered Agent	Nome	7. Name and Address of New Registered Agent	
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 Signature, typed or protest name of registered agent and site, ill explication. PILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAME JARRETT, EARL W JARRETT,	2731 EXEC SUITE 4	CUTIVÉ PARK DRIVE			ddress (P.O. Box Number is Not Acceptable)	
8. The above named,antily submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typind or printed name or registered agent and title I supplicative. (NOTE: Registered Agent agental where remaining) DATE	WESTON,	1 2 33331		City	FL Zip Code	
FILE NOWIII FEE IS \$150.00 P. Election Campaign Financing Trust Fund Contribution. S\$5.00 May Be Added to Fees Added to	the obligati	ions of registered agent.				cept
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.		Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	: Registered Agent signatu	ure required when reinstating) DATE	
TITLE NAME JARRETT, EARL W STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES, FL 33311 TITLE SD Delete NAME MITCHELL, LEON STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES, FL 33311 TITLE TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES, FL 33311 TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES, FL 33311 TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES, FL 33311 TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES, FL 33311 TITLE NAME STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES, FL 33311 TITLE NAME STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES, FL 33311 TITLE NAME STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES, FL 33311 TITLE NAME STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES, FL 33311 TITLE NAME STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES, FL 33311 TITLE NAME STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES, FL 33311 TITLE NAME STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES, FL 33311 TITLE NAME STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES, FL 33311 TITLE NAME STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES, FL 33311 TITLE NAME STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES, FL 33311 TITLE NAME STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES, FL 33311 TITLE NAME STREET ADDRESS CITY-ST-ZIP CHARGE STREET ADDRESS	FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550			\$5.00 May Be Added to Fees	
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TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES, FL 33311 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME BARTLETT, CARMEN STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	JARRETT, EARL W 3661 WEST OAKLAND PARK I	BLVD., STE 302	NAME STREET ADDRESS	JARRETT, EARL W 4510 INVERRARY BLVD	ddition
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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	TITLE		☐ Delete	TITLE	☐ Change ☐ A	ddition

indicated on this report or supplied with this minig does not quality for the exemptions contained in Chapter 113, Florida statutes. Fluriner 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.

CARMEN BARTLETT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2008

1-866-735-6002

Daytime Phone #