2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005806

Entity Name: CIMARRON MORTGAGE COMPANY

FILED Apr 30, 2008 Secretary of State

| Current Principal Place of Business: | | | New Principal Pl | New Principal Place of Business: | |
|---|---|--------------------------------------|---|--|--|
| SUITE 400 | SEWOOD RO) W I, MS 39211 | AD US | | | |
| Current Mailing Address: | | | New Mailing Add | New Mailing Address: | |
| P.O. BOX JACKSON | 12830 I, MS 392362 | 330 US | | | |
| FEI Number: | : 64-0809254 | FEI Number Applied For () | FEI Number Not Applicable (|) Certificate of Status Desired () | |
| Name and | Address of | Current Registered Agent: | Name and Addre | ss of New Registered Agent: | |
| 1200 SOU | PORATION SY TH PINE ISLA ION, FL 3332 | ND ROAD | | | |
| | named entity e of Florida. | submits this statement for the pu | urpose of changing its regis | tered office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| | Electro | nic Signature of Registered Ager | nt | Date | |
| Election Car | mpaign Financir | ng Trust Fund Contribution (). | | | |
| OFFICER | S AND DIREC | CTORS: | ADDITIONS/CHA | NGES TO OFFICERS AND DIRECTORS | |
| Title: Name: Address: City-St-Zip: | DP (SALVO, PAUL 6225 WATERI JACKSON, MS | FORD DR | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | SCOTT, LINDA | TON-VERNON ROAD | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | DC (MCREE, MICH 426 RICHARD MADISON, MS | SON ROAD | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D (BAILEY, H C 20 WATERSTO JACKSON, MS | ONE PLACE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D (MOORE, ROD 103 PELICAN BRANDON, M | PLACE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | YORK, MARY |) Delete R HILLS DRIVE 3 39110 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| | | | | | |

I hereby certify that the information supplied with this filing does not qualify 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: MARY M. YORK S 04/30/2008