

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # F99000005740

1. Entity Name
IMORTGAGE.COM, INC.



Principal Place of Business
**4800 NORTH SCOTTSDALE ROAD
SUITE 3800
SCOTTSDALE, AZ 85251**

Mailing Address
**4800 NORTH SCOTTSDALE ROAD
SUITE 3800
SCOTTSDALE, AZ 85251**



04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-0953952

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLOXOM, DEAN S 4800 N. SCOTTSDALE RD., STE 3800 SCOTTSDALE, AZ 85251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD JOHNSON, JAY D 4800 N. SCOTTSDALE RD., STE 3800 SCOTTSDALE, AZ 85251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIEGER, GARTH R 6808 N. 48TH ST. PARADISE VALLEY, AZ 85253
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOZILO, RALPH S 41201 N SCHOOLHOUSE RD CAVE CREEK, AZ 85331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARLEY, JAMES 3622 EAST MARLETE AVENUE PARADISE VALLEY, AZ 85253
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000753148
05/22/07-80007-019 150.00

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IN THIS SPACE**

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: *JAY D JOHNSON* 4-30-07 480-627-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #