2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H65155

Entity Name: BANKERS MORTGAGE CORPORATION

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
300 ATLAI	NTIC DRIVE					
STE 10	00 EL 00007					
KEY LARG	90, FL 33037					
Current Mailing Address:			New Maili	New Mailing Address:		
P O BOX 3 KEY LARG	3006 30, FL 33037	US				
FEI Number: 59-2564752 FEI Numb		FEI Number Applied For ()	FEI Number Not Applicable ()		Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of	New Registered Agent:	
300 ATLAI	PHER SANTE NTIC DRIVE GO, FL 33037	US				
	named entity s e of Florida.	ubmits this statement for the	purpose of changing i	ts registered	office or registered agent, or bot	
SIGNATUI	RF [.]			w Mailing Address: Not Applicable () Certificate of Status Desired () me and Address of New Registered Agent: anging its registered office or registered agent, or both, Date Dittions/Changes To Officers and Directors: () Change () Addition ne: Iress: Iress: 132 PLANTATION DR Iress: 132 PLANTATION DR Iress: 132 PLANTATION DR Iress: 132 PLANTATION DR Iress: 132 VALENCIA ROAD Iress: 1035 VALENCIA		
		c Signature of Registered Ag	jent		Date	
Election Car	mpaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PVD () SANTE, CHRIS 132 PLANTATIO TAVERNIER, FL		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	STD () SANTE, PAMELA 132 PLANTATIO TAVERNIER, FL	N DR	Title: Name: Address: City-St-Zip:	SANTE, PAME 132 PLANTAT	LA ON DR	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	STANLEY, MÌO 1035 VALENC	CHAEL IA ROAD	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: Citv-St-Zip:	TURNER, JAN 218 AZALEA S	ES ST	

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: CHRIS SANTE PVD 04/30/2008