

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # K52236**

1. Entity Name  
THE ADDISON MORTGAGE GROUP, INC.



Principal Place of Business  
1515 SOUTH FEDERAL HIGHWAY  
SUITE 400  
BOCA RATON, FL 33432

Mailing Address  
C/O BLAKESBERG & CO  
951 SW 4TH AVENUE  
BOCA RATON, FL 33432-5803



03072007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0087669

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BLAKESBERG, WILLIAM  
% BLAKEBERG & COMPANY  
951 S.W. 4TH AVENUE  
BOCA RATON, FL 33432

**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	DC
NAME	SOLOMON, EDWARD R
STREET ADDRESS	1515 SOUTH FEDERAL HIGHWAY, #400
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	DPS
NAME	SOLOMON, KAREN L
STREET ADDRESS	1515 SOUTH FEDERAL HIGHWAY, #400
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	T
NAME	RYAN, APRIL P
STREET ADDRESS	1515 SOUTH FEDERAL HIGHWAY, #400
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	V
NAME	VANOVERBEKE, ERICA
STREET ADDRESS	1515 SOUTH FEDERAL HIGHWAY, #400
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	V
NAME	WEEKS, SUSAN
STREET ADDRESS	1515 SOUTH FEDERAL HIGHWAY, #400
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000666200  
03/26/07-80003-012 150.00

**DO NOT WRITE  
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 to my address, with all other like empowered.

**SIGNATURE:**

*[Signature]*  
EDWARD R SOLOMON

DC

3-13-07 5613618866

Date

Daytime Phone #