


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K52236</b>		
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	



03012008 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 <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U00000880924 04/15/08-80081-006 150.00
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10. OFFICERS AND DIRECTORS

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

**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 with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-2008

Date

561-361-8866

Daytime Phone #

Edward Solomon