2008 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 21, 2008 8:00 am
Secretary of State
04-21-2008 90093 022 ***150.00

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DOCUMENT # L78267

1. Entity Name
COMMONWEALTH MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
1444 FIRST STREET STE B SARASOTA, FL 34236 US	P. O. BOX 2676 SARASOTA, FL 34230 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5773 Forester Lake Dr.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Sarasota, FL	City & State
Zip 34243 Country US	Zip Country

4. FEI Number 65-0205225 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEMONIADES, CHRIS 1444 FIRST STREET STE. B SARASOTA, FL 34236	Name Street Address (P.O. Box Number is Not Acceptable): 5773 Forester Lake Dr. City: Sarasota FL Zip Code: 34243

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 Chris Lemoniades Chris Lemoniades pres. 4/11/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when complete) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS LEMONIADES, CHRIS 4207 2ND AVE E BRADENTON, FL 34208 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Chris Lemoniades Chris Lemoniades 4/11/08 (941) 365-4635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #