

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003800

FILED
Apr 24, 2007
Secretary of State

Entity Name: EQUITABLE MORTGAGE ASSOCIATES, INC.

Current Principal Place of Business:

20801 BISCAYNE BLVD.
SUITE 403
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 800652
AVENTURA, FL 33280 US

New Mailing Address:

FEI Number: 65-1106114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HINTON, DEIRDRE E CEO
20225 N.E. DELVISTA COURT
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HINTON, DEIRDRE E
Address: 20225 NE DELVISTA COURT
City-St-Zip: AVENTURA, FL 33180 US

Title: T (X) Delete
Name: EQUITABLE MORTGAGE A, SSOCIATES, INC .
Address: 1717 K STREET, NW SUITE 600
City-St-Zip: WASHINGTON, DC 20036 US

Title: T () Delete
Name: HINTON, LISA M
Address: 18806 WALKER'S CHOICE RD #6
City-St-Zip: GAITHERSBURG, MD 20879 US

Title: T () Delete
Name: SILLS, MICHAEL J
Address: 3461 NW 3RD ST
City-St-Zip: FORT LAUDERDALE, FL 33311 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEIRDRE E. HINTON

D

04/24/2007

Electronic Signature of Signing Officer or Director

Date