2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jan 25, 2007
Secretary of State

DOCUMENT# N06000003538

Entity Name: ASSOCIATION OF REVERSE MORTGAGE SPECIALISTS, INC.

Current Principal Place of Business:

660 NW 116TH STREET
MIAMI, FL 33168 US

New Principal Place of Business:

Current Mailing Address:

660 NW 116TH STREET
MIAMI, FL 33168 US

New Mailing Address:

FEI Number: 20-8276966 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOCKE, NELSON
15921 SW 14TH STREET
PEMBROKE PINES, FL 33027 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: DPT ( ) Delete
Name: LOCKE, NELSON
Address: 660 NW 116TH STREET
City-St-Zip: MIAMI, FL 33168 US

Title: DVP ( ) Delete
Name: WEIGNER, SID
Address: 660 NW 116TH STREET
City-St-Zip: MIAMI, FL 33168 US

Title: DVP ( ) Delete
Name: BATCH, LARRY
Address: 660 NW 116TH STREET
City-St-Zip: MIAMI, FL 33168 US

Title: DS ( ) Delete
Name: COOPER, VIRGINIA
Address: 660 NW 116TH STREET
City-St-Zip: MIAMI, FL 33168

Title: D ( ) Delete
Name: HEARNSHAW, CHARLES
Address: 660 NW 116TH STREET
City-St-Zip: MIAMI, FL 33168

Title: D ( ) Delete
Name: ROTTMAN, REBECCA
Address: 660 NW 116TH STREET
City-St-Zip: MIAMI, FL 33168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change ( ) Addition
Name: WEIGNER, SIDNEY F
Address: 660 NW 116TH STREET
City-St-Zip: MIAMI, FL 33168 US

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

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

Title: D (X) Change ( ) Addition
Name: HEARNSHAW, CHARLES AND JEAN M.
Address: 660 NW 116TH STREET
City-St-Zip: MIAMI, FL 33168

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: NELSON LOCKE DPT 01/25/2007

Electronic Signature of Signing Officer or Director — Date