2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000086814

1. Entity Name

ACCESS E-MORTGAGE, INC.



Principal Place of Busines	S
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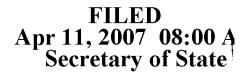
24 CATHEDRAL PLACE

#612 :Saint Augustine, Fl 32084 Mailing Address

24 CATHEDRAL PLACE

#612

SAINT AUGUSTINE, FL 32084





DO NOT WRITE IN THIS SPACE

03242007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3670557

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytima Phone ⊭

6. Name and Address of Current Registered Agent

RICHARDSON, KEITH A 22 DE SOTO PLACE SAINT AUGUSTINE, FL 32084

CITY-ST-ZIP

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	•					
	named entity submits this statement for the pions of registered agent.	ourpose of changing its register	red office or i	egistered agent, or bo	th, in the State of Florida. I am familiar with, an	d accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable (NOTE Register)	ed Ament signatur	required when reinstating)	DATE	
	Signature, typed or printed name or registered agent and the	ii appiicatie (NOTE Registeri	to vient signatur	r recolled writer remata(ang)		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution.		\$5.00 May Be Added to Fees	<u>.</u>	
10.	OFFICERS AND DIREC	CTORS .				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST : RICHARDSON, KEITH A 22 DE SOTO PLACE ST. AUGUSTINE, FL 32084				U00000699363 04/19/07-80039-018	150.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP 'SONNTAG, WILLIAM 10443 W EGRET CT JACKSONVILLE, FL 32257					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>;</u> ;		,		NOT WRITE	
TITLE NAME 'STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP	-	in the second se				
NAME STREET ADDRESS		9.4				

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 is 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 changed, or on an attachment with an address, with all other like empowered.

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR