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2007 FOR PROFIT CORPORATION ANNUAL REPORT

2007 MAR 28 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000109632

1. Entity Name
CLEAR LAKE MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
420 W BOYNTON BCH BLVD STE 202 BOYNTON BEACH, FL 33435-4066	P.O. BOX 460 BOYNTON BCH, FL 33425-0460

40001110

01062007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
600 Sandtree Dr.	PO Box 30969
Suite, Apt. #, etc.: #107	Suite, Apt. #, etc.
City & State: Palm Beach Gardens	City & State: W Palm Beach FL
Zip: FL 33403 Country	Zip: 33420 Country

4. FEI Number: 65-1056800 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LITTLE, GREGORY D
420 W BOYNTON BCH BLVD
#202
BOYNTON BEACH, FL 33435

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 600 Sandtree Dr #107

City: Palm Beach Gardens FL Zip Code 33403

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 [signature] 1-8-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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	PD LITTLE, GREGORY D 420 N BOYNTON BCH BLVD #202 BOYNTON BEACH, FL 334354066	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900085999129 04/06/07--01041--014 **150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD LITTLE, GREGORY D 420 N BOYNTON BCH BLVD #202 BOYNTON BEACH, FL 334354066	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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] 1-8-07 561-775-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3/28 ad