

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000000267

FILED
Jan 25, 2007
Secretary of State

Entity Name: AMERICAN REVERSE MORTGAGE CORPORATION

Current Principal Place of Business:

605 SW FIRST AVENUE
OCALA, FL 344744282 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 4527
OCALA, FL 344784527 US

New Mailing Address:

FEI Number: 59-3684141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ADEL, G.D. ESQ.
4 SOUTHEAST BROADWAY
OCALA, FL 344712132 US

Name and Address of New Registered Agent:

ADEL, G.D. ESQ.
4 SE BROADWAY STREET
OCALA, FL 344712132 US

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:

01/25/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PULSIPHER, W.L.
Address: P. O. BOX 4527
City-St-Zip: OCALA, FL 344784527 US

Title: VPD (X) Delete
Name: PARKER, S.L.
Address: P.O. BOX 6840
City-St-Zip: OCALA, FL 344786840 US

Title: STD () Delete
Name: ADEL, G.D.
Address: 4 SE BROADWAY ST
City-St-Zip: OCALA, FL 344712132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PULSIPHER, W.L. CSA
Address: P. O. BOX 4527
City-St-Zip: OCALA, FL 344784527 US

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

Title: SD (X) Change () Addition
Name: ADEL, G.D. ESQ.
Address: 4 SE BROADWAY STREET
City-St-Zip: OCALA, FL 344712132 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W.L. PULSIPHER

PD

01/25/2007

Electronic Signature of Signing Officer or Director

Date