## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P01000008956

FILED Oct 17, 2007 Secretary of State

| Entity Nan  | ne: GULF CC   | AST MORTGAGE FINANCIA            | L SERVIC  | CES, INC.   |                 |                  |                       |
|---|---|----------------------------------|-----------|---|-----------------|------------------|-----------------------|
| Current Principal Place of Business:  |   |                                  |           | New Principal Place of Business:                      |                 |                  |                       |
| 2500 S. DEL PRADO BLVD.<br>CAPE CORAL, FL 33904   |   |                                  |           | 4575 VIA ROYALE<br>SUITE #209<br>FORT MYERS, FL 33919 |                 |                  |                       |
| Current Mailing Address:  |   |                                  |           | New Mailing Address:                                  |                 |                  |                       |
| 2500 S. DEL PRADO BLVD.<br>CAPE CORAL, FL 33904   |   |                                  |           | 4575 VIA ROYALE<br>SUITE #209<br>FORT MYERS, FL 33919 |                 |                  |                       |
| FEI Number:   | 65-1064517  | FEI Number Applied For ( )       | FEI Nur   | nber Not Appl   | icable ( )      | Certificate of   | Status Desired ( )    |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: |   |                                  |           |   |                 |                  |                       |
| 1203 GOVE   | S FILINGS INC<br>ERNORS BLV<br>SSEE, FL 3230        |                                  |           |   |                 |                  |                       |
| The above in the State  |   | submits this statement for the p | purpose c | of changing in  | ts registered o | office or regist | tered agent, or both, |
| SIGNATUR  | RE:   |                                  |           |   |                 |                  |                       |
|   | Electror  | ic Signature of Registered Ag    | ent       |   |                 | Date             | <b>;</b>              |
| OFFICERS AND DIRECTORS:   |   |                                  |           | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS           |                 |                  |                       |
| Address:  | S ()<br>LEE, TAMMI E<br>2500 DEL PRA<br>CAPE CORAL, |                                  |           | Title:<br>Name:<br>Address:<br>City-St-Zip:           | LEE, TAMMI E    | ALE - SUITE 209  |                       |

CROWELL, JAMES R

2500 DEL PRADO BLVD. S.

CAPE CORAL, FL 33904

Name:

Address:

City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition LEE, ANTHONY E LEE. ANTHONY E Name: Name: Address: 2500 DEL PRADO BLVD. S. Address: 4575 VIA ROYALE - SUITE 209 CAPE CORAL, FL 33904 FORT MYERS, FL 33919 City-St-Zip: City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete Name: LEE, WILLIAM W Name: LEE, WILLIAM W 2500 DEL PRADO BLVD. S. Address: 4575 VIA ROYALE - SUITE 209 Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: FORT MYERS, FL 33919 Title: VΡ (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: TAMMI LEE S 10/17/2007